Municipality of Anchorage
ANCHORAGE EQUAL RIGHTS COMMISSION
(AERC)

Reset Form

Print Form

INTAKE QUESTIONNAIRE

Return completed questionnaire to:
Anchorage Equal Rights Commission
632 W. 6th Avenue, Suite 110
Anchorage, Alaska 99501
Phone: 907-343-4342
EqualRights@anchorageak.gov

Please answer the following questions and describe what action was taken against you that you believe to be discriminatory. After you have completed this questionnaire and returned it to the AERC, an investigator will contact you to discuss the answers and/or to schedule an appointment to complete the intake process.

Name_____Date_____Phone Number _____

Address:_____Email:_____

City: _____ State: _____ Zip Code: _____

Referred to AERC by:_____

Respondant Information:

Name *(Employer, Landlord, Institution, Business)*: _____

Address or location of employment_____Phone Number:_____

City: _____State: _____ Zip Code: _____

15 or more employees? ☐ No ☐ Yes

I believe action was taken against me because of the following reason(s):
(Check the one(s) that apply. If a section does not apply, do not check the box.)

☐ Race ☐ Color ☐ Sex ☐ Sexual Orientation ☐ Gender Identity

☐ Religion ☐ National Origin ☐ Marital Status ☐ Age ☐ Physical Disablity

☐ Mental Disability ☐ Pregnancy ☐ Other_____

The discrimination took place in the area of:
(Check the one(s) that apply.)

☐ Employment ☐ Financial Institutions ☐ Public Accommodations ☐ Educational Institutions

☐ Practices by the Municipality of Anchorage ☐ Sale or Rental of Real Property

Please provide the name and number of an individual who would know how to reach you.

Name:_____Phone:_____Relationship: _____

-CONTINUE ON REVERSE-

INTAKE QUESTIONNAIRE (page 2)

Most recent date of harm:_____

What action was taken against you that you believe to be discriminatory? What harm, if any, was caused to you or others as a result of this action? (If more space is required, use additional sheets).

PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED

Have you sought assistance about the action you think was discriminatory from any government agency, from your union, an attorney, or from any other source? ☐ No ☐ Yes (if answer is yes, complete below)

Name of source of assistance: _____ Date: _____

Result, if any:

Signature:_____Date:_____

AERC USE ONLY

Reviewed by:_____Date:_____

Investigator Assigned:_____Date:_____

180th Day_____

Comments: