



Municipality of Anchorage
ANCHORAGE EQUAL RIGHTS COMMISSION
(AERC)

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: _____

Respondent Information:

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

Address: _____ 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	Marial Status	Age	Physical Disability
Mental Disability	Other: _____			

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

Employment	Financial Institutions	Public Accommodations	<input type="checkbox"/> Educational Institutions
Practices of 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: _____

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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: