



# LOUISIANA COMMISSION ON HUMAN RIGHTS

Office of the Governor

## **PUBLIC ACCOMMODATION DISCRIMINATION INTAKE FORM**

**INSTRUCTIONS:** Please complete this packet to begin the process of filing a discrimination complaint with our office. This form asks for the basic information that we need to decide whether or not we can investigate your public accommodation-related problem. If you have difficulty understanding these instructions or have questions, contact our office (225) 342-6969 and a member of our staff will assist you.

The enclosed Public Accommodation Discrimination Intake Form (PADIF) asks questions about why you believe you were treated unfairly and how you believe this treatment was against the law. *According to Louisiana Law (LA R.S. 51: 2247), it is a discriminatory practice for a person to deny an individual the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of a place of public accommodation, resort, or amusement, on the grounds of race, creed, color, religion, sex, age, disability or national origin.*

### **REQUIRED EVIDENCE**

In addition to the statements regarding your belief of mistreatment, the Louisiana Commission on Human Rights (LCHR) will need information from other people and valid documents to investigate your complaint. This PADIF includes questions about the people and documents that might help prove that any mistreatment you experienced violated (LA R.S. 51:2247). To be most useful to your complaint, the people you identify generally should have direct knowledge of how you were treated and/or information about how your treatment compared to that of other people.

**Complete the enclosed form only if you believe you have been discriminated against because of one of the bases listed above. Please take your time to answer all questions completely and accurately. Once you have completed the PADIF, please submit the form:**

#### **IN PERSON:**

1001 North 23<sup>rd</sup> St., Suite 268  
Baton Rouge, LA 70802

#### **BY MAIL:**

Louisiana Commission on Human Rights  
P.O. Box 94094  
Baton Rouge, LA 70804-9094

Once we have received your PADIF, our intake officer will review your form and contact you.

**Completing the enclosed form does not mean you have filed a discrimination complaint.**

**NOTE:** The Louisiana Commission on Human Rights can only investigate discrimination that occurred within the past 365 days (one year).



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## PUBLIC ACCOMODATION DISCRIMINATION INTAKE FORM

### PERSONAL INFORMATION

First MI Last Date of Birth: MM/DD/YYYY

Street Address

City State Zip Code

Cell: ( ) Home: ( ) Work: ( )

Email Address:

Sex:  Male  Female

#### Self-Identity:

- Hispanic or Latino
- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Two or More Races
- Other: \_\_\_\_\_

### ORGANIZATION

What organization (e.g. store, restaurant, City government agency) do you believe has discriminated against you?

Name of Organization

Street Address

City State Zip Code

Telephone: ( ) Type of Organization: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Representative: \_\_\_\_\_ Title: \_\_\_\_\_

## WHAT IS THE REASON (BASIS) FOR YOUR DISCRIMINATION COMPLAINT?

For example, if you feel you were treated worse than someone else because of race, you should check the box next to race. If you feel you were treated worse for several reasons, such as your sex, religion, and national origin, you should check all that apply.

<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Color (e.g. difference in skin shade within a race)
<input type="checkbox"/> Creed	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Sex (including breastfeeding)
<input type="checkbox"/> Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Age	<input type="checkbox"/> Retaliation for Prior Discrimination Complaint	
<b>Other (Explain):</b>   		

**1. For each selected category above, please state how you identify yourself. For example, if you checked sex, please indicate whether you are male or female.**

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**2. What happened to you that you believe was discriminatory? Also, include date (s); describe the action and name/title of the person(s) responsible. Please attach additional pages if needed.**

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**3. Why do you believe these actions were discriminatory? Please attach additional pages if needed.**

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**4. What reason(s) were given for the acts you consider discriminatory? By whom? Please include his/her job title. Please attach additional pages if needed.**

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**5. Why do you believe the reasons (s) provided to you by the organization were false? Refer to Question 4. Please attach additional pages if needed.**

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**6. Describe who was in the same or similar situation as you and how they were treated. For example, who else requested service from the organization? Provide the basis identified of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person.**

a) **Of the person(s) in the same or similar situation as you, who was treated better than you? Please include the name, basis and description of treatment.**

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b) **Of the person(s) in the same or similar situation as you, who was treated worse than you? Please include the name, basis and description of treatment.**

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c) **Of the person(s) in the same or similar situation as you, who was treated the same as you? Please include the name, basis and description of treatment.**

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*Answer **Question 7** only if you are claiming discrimination based on a disability. If not, skip to **Question 8**. Please state if you have more than one disability. Please add additional pages if needed.*

**Please check all that apply:**

- I have an actual disability
- I have had an actual disability in the past
- I do not have a disability, but the organization treated me as if I was disabled.

**7. What is the disability that you believe is the reason for the action taken against you? Does this disability prevent or limit you from doing anything (e.g., lifting, sleeping,**

**breathing, walking, caring for yourself, working, etc.)? If so, how does this disability affect you?**

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**Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability? If yes, what medication, medical equipment or other assistance do you use?**

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**Did you ask the organization for any assistance because of your disability?**

Yes or  NO

If yes, please state when you asked, how you asked, who you asked, what assistance you requested and how the organization responded to your request.

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Date	Verbal or Written Request	Name/Title of Person (s) Asked	Chances or Assistance Requested	Response of Organization

**8. Are there any witnesses to the alleged discriminatory act?**  Yes or  NO

If yes, please identify the witnesses below and describe what they will say. **Please attach additional pages if needed.**

First and Last Name	Address, Phone Number, and Email	What will this person say?



**COMPLAINANT’S CONSENT FOR INVESTIGATORY  
USE OF PERSONAL INFORMATION**

_____ Initials	I <u>understand</u> that I am not required to give personal information to the LCHR; however, my complaint may be closed if I refuse to supply information needed to investigate my complaint.
_____ Initials	I <u>understand</u> that it is my duty to update the personal information I supply and failure to do so may result in my complaint being closed.
_____ Initials	I <u>understand</u> that I may receive a copy of any personal information I submit, if I request it.
_____ Initials	I <u>understand</u> the information provided by me may have to be released under the Public Records Request Act under LA R.S. 51:2262 (F): The law makes it unlawful for the Louisiana Commission on Human Rights to make public with respect to a particular person, without his consent, information obtained by the Commission pursuant to its statutory authority.
_____ Initials	I <u>authorize</u> the release of my submitted information in accordance with LA R.S. 51: 2262 (F)

**Based on the foregoing, I hereby give my consent to the Louisiana Commission on Human Rights to process my complaint:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: THE LOUISIANA COMMISSION ON HUMAN RIGHTS RESERVES THE RIGHT TO MODIFY THIS FORM WITHOUT NOTICE OR CONSENT.**