

**THE STATE HUMAN RELATIONS COMMISSION  
STATE OF DELAWARE  
INTAKE EQUAL ACCOMMODATIONS DISCRIMINATION COMPLAINT**

1. Name of aggrieved person of organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)	Home Phone: (    ) Bus. Phone: (    )				
Street Address (city, county, state and zip code)					
Name of Contact Person (last name, first name, middle initial) (Mr., Mrs., Ms.)	Home Phone: (    ) Bus. Phone: (    )				
Street Address (city, county, state, and zip code)					
Email:					
2. Against whom is this complaint being filed? Name (last name, first name, middle initial)	Home Phone: (    ) Bus. Phone: (    )				
Street Address (city, county, state and zip code)					
Name and identify others (if any) you believe violated the law in this case:					
<p>3. What did the person against whom the complaint was filed do? Check all that apply and give the most recent date these act(s) occurred in block No. 6b below:</p> <p style="margin-left: 40px;">Were you refused, withheld or denied accommodations, facilities, advantages or privileges of a place of public accommodations?</p> <p style="margin-left: 40px;">Did the person against whom the complaint was filed, directly or indirectly publish, issue, circulate, post, or display any radio communication, notice, or advertising indicating that public accommodation in the classes listed in block No. 4 below is not welcomed, desired, or solicited?</p> <p style="margin-left: 40px;">Did someone assist, induce, or coerce another person to commit any discriminatory public accommodations practice prohibited by the Equal Accommodations law?</p>					
4. Do you believe you were discriminated against because of your race, color, age, sex, handicap, marital status, national origin, creed? Check all that apply:					
Race or Color Black White Other	Age (Specify)	Sex Male Female	Disability Physical Mental	Marital Status (Specify)	National Origin (Specify)
5. What kind of business establishment or facility was involved? Restaurant      Department Store      Bank      Supermarket      Other (Specify)					
6a. Summarize in your own words what happened. Use this space for a brief and concise statement of facts (who, what, when, where, how). (Additional details may be submitted on an attachment)					
6b. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)					
7. How did you find out about the Division of Human Relations?					
Signature and Date:					