Revised 07/27/2011

IMPORTANT—PLEASE READ THIS FIRST.

This form provides information to the South Dakota Department of Labor & Regulation, Division of Human Rights.

This form is not a formal charge of discrimination.

Please print or type answers to all questions.

You must sign and date this form.

INTAKE QUESTIONNAIRE FOR POTENTIAL DISABILITY DISCRIMINATION COMPLAINT

For
Housing Accommodations, Education, Public Services, Public Accommodations & Property Rights Complaints

Question 1:

A. Your name: _____ _____ _____

(First) (Middle Initial) (Last)

B. Your date of birth: _____

C. Your type of disability: ☐ physical ☐ mental ☐ both physical and mental

D. Your major life activity that has been affected: (Choose all that apply.)

- ☐ seeing
- ☐ hearing
- ☐ eating
- ☐ sleeping
- ☐ walking
- ☐ standing
- ☐ sitting
- ☐ reaching
- ☐ lifting
- ☐ bending
- ☐ speaking
- ☐ breathing
- ☐ learning
- ☐ reading
- ☐ concentrating
- ☐ thinking
- ☐ communicating
- ☐ interacting with others
- ☐ working
- ☐ major bodily function (including the operation of an individual organ within a body system)
- ☐ other _____

Question 2:

Describe all major life activities (see list in Question 1) that you cannot perform.

Question 3:

Describe all medical restrictions you have been placed on by a medical provider.

Question 4:

Describe any side effects you have from using medications to control your symptoms.

Question 5:

A. If you have been medically diagnosed as having a permanent or long-term physical or mental disability, will you give us a copy of your doctor's diagnosis or sign a release so that we can get a copy? ◯Yes ◯No (If you have a copy available, please attach it to this form.)

B. What is your physician's medical diagnosis of your condition?

C. What is your physician's prognosis for your recovery? In other words, how long might it take you to get well?

D. What is your physician's name and address?

Name _____

Address _____

City _____ State _____ Zip Code _____

REMEMBER: Completing this Intake Questionnaire does not file your charge. This form is a fact-gathering information tool that we need in order to write the formal Charge of Discrimination.

By signing this form, you are saying that you have told the truth in all your answers here.

I declare and affirm under the penalties of perjury that this information has been examined by me and, to the best of my knowledge and belief, is in all things true and correct.

_____ _____

SIGNATURE OF POTENTIAL CHARGING PARTY

DATE

PRIVACY ACT STATEMENT: (This form is covered by the Privacy Act of 1974, Public Law 93-579. Authority for requesting the personal data and the uses there are given below.)

FORM NUMBER/TITLE/DATE: DENDO TEST FORM 283. Intake Questionnaire, ADA Supplement, July 1994.

AUTHORITY: 42 USC 12117, 42 USC 2000c-5(b), 29 U.S. Section 211, 29 U.S.C. Section 626.

PRINCIPAL PURPOSES: The purpose of this questionnaire is to solicit information to enable the Division of Human Rights to draft a charge, if appropriate, and to avoid the intake of matters not within its jurisdiction.

ROUTINE USES: Information provided on this form will be used by Division of Human Rights employees to determine the existence of facts relevant to a decision as to whether the Division of Human Rights has jurisdiction over potential charges, complaints or allegations of employment discrimination and to provide such pre-charge filing counseling as is appropriate. Information provided on this form may be disclosed to federal agencies as may be appropriate or necessary to carrying out the Division of Human Rights' functions. This would include employment practices laws. Information may also be disclosed to charging parties in consideration of or in connection with litigation.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: The providing of this information is voluntary but the failure to do so may hamper the Division of Human Rights' investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.

SEND ELECTRONICALLY or PRINT FOR MAILING CLEAR FORM