

**DIVISION OF HUMAN RIGHTS**

123. W., Missouri Ave., Pierre, SD 57501

Tel: 605.773.3681 Fax: 605.773.4211 dlr.sd.gov/human\_rights

**CHARGING PARTY INTAKE FORM FOR NON-EMPLOYMENT**

*Housing Accommodations, Education, Public Services,  
Public Accommodations and Property Rights*

This form provides information to the South Dakota Department of Labor and Regulation, Division of Human Rights. ***This form is not a formal charge of discrimination.***

**Please print or type answers to all questions.**

**SECTION 1:  
PERSONAL INFORMATION**

Your Full Name: \_\_\_\_\_  
FIRST M.I. LAST

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell Home Work

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Best time to reach you during the week: \_\_\_\_:\_\_\_\_ a.m. \_\_\_\_:\_\_\_\_ p.m.

May we contact you at work? yes no

**Date of Birth:** \_\_\_\_\_ **Sex:** M F

*Race refers to a person's physical characteristics, most typically skin color. National origin, on the other hand, refers to a person's country or general area in the world where he or she is from.*

**What is your Race?**

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other, specify: \_\_\_\_\_

**What is your National Origin?**

- African
- American
- Asian
- Caribbean
- European
- Hispanic or Latino
- Middle Eastern
- Other, specify: \_\_\_\_\_

**SECTION 2:**

**What action(s) do you claim were taken against you to cause you harm? You may check more than one if necessary.**

Were you denied any of the following?	
Treated differently than others in terms or conditions	When and how did this happen?
Refused to sell, rent or lease property	Date:
Evicted	
Denied services	
Denied admission	
Denied access	
Other: _____	

**SECTION 3:**

**What is your protected group which caused to harm you? You may check more than one if necessary.**

- Race
- Color
- Creed
- Religion
- Sex
- Ancestry
- National Origin
- Disability
- Family Status

*Color is skin color.*

*Creed is your set of fundamental beliefs.*

*Sex discrimination includes gender and pregnancy discrimination, and sexual harassment.*

*Ancestry is your line of descent or your ancestors.*

*For disability you must submit clear and concise medical documentation of your disability, understandable in non-technical language. This should include a description of how the disability affects your ability to care for yourself, perform manual tasks, work, walk, stand, sit, lift, reach, see, hear, speak, breathe or learn, and the outlook for your recovery. (If you have alleged disability discrimination, we have sent a Disability Intake Questionnaire for you to complete).*

*A family is defined as one or more individuals under the age of 18 who live with their parent, a legal custodian, or someone who has custody with the permission of the parent or custodian. This definition includes any person who is pregnant or is in the process of gaining custody of someone under the age of 18 years. Discrimination based on family status can only be claimed for housing accommodations.*

**SECTION 4:**

**In what areas did the discrimination happen? You may check more than one if necessary.**

- Housing Accommodations
- Education/Schools
- Public Accommodations (private business)
- Public Services (government)
- Property Rights
- Retaliation (treated adversely for opposing discrimination)

When was the last date the retaliation (if any) took place? \_\_\_\_\_

**SECTION 5:**

**Who discriminated against you?**

Landlord/Business/Government Agency/School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Business Owner (if known/applicable): \_\_\_\_\_

**SECTION 6:**

**A. What sort of services or product does the landlord, business, state or local government agency, or educational institution provide?**

**B. Did you fill out an application?**      yes      no

**C. Were you qualified for the service when you applied for it?**      yes      no

**D. Did you have personal interview?** \_\_\_\_\_

**SECTION 7:**

**A. What reasons were given for the action taken against you?**

**B. Were you given a copy of the rules and policies?**      yes      no

**C. Is there a written or verbal policy that covers the action taken against you?**      yes      no *If yes, please describe it:*

**D. Did you ever complain to the landlord, business, state or local government agency, or educational institution about discriminatory acts against you?**      yes      no

List the dates when you complained and describe what you said when you complained.

**E. What reasons (if any) did the landlord, business, state or local government agency, or educational institution give for taking the discriminatory action(s) you are claiming?**



Witness Name: \_\_\_\_\_  
FIRST M.I. LAST

Tel: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If you need more room, please attach another sheet of paper.*

**SECTION 12:**

List anyone who **was** discriminated against in the same way as you and identify their race, color, creed, religion, sex, ancestry, national origin, disability status or age (whichever applies).

Name: \_\_\_\_\_  
FIRST M.I. LAST

Tel: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
FIRST M.I. LAST

Tel: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If you need more room, please attach another sheet of paper.*

**SECTION 13:**

List anyone who acted the same way you did, **but was not treated in the same way you were** and identify their race, color, creed, religion, sex, ancestry, national origin, disability status or age (whichever applies).

Name: \_\_\_\_\_  
FIRST M.I. LAST

Tel: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

