

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
DIVISION OF LABOR AND MANAGEMENT
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 Labor and Management, 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

Tel: _____ Cell Home Work

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?

SECTION 8

On a separate sheet of paper, describe why you feel you have been treated differently from others who are in a situation similar to you but are of a different: race, skin color, creed, religion, sex, national origin, disability or age (over 40 years old). **You must have a complete statement before DLR can proceed with your case. If you need help, please call us at 605-773-3681.**

- *Examples of others in a similar situation might be another tenant in your building, another student in a school, another customer at a private business, another client of a government agency or another student.*
- *Be as specific as possible and include dates, places, names and the positions held by those involved.*
- *If you use technical language or abbreviations relating to your work, please explain their meanings.*
- *Please type your statement, if possible. However, a hand-printed statement is acceptable.*
- *You must sign and date your completed statement.*
- **Suggestion:** *We may be able to understand your statement more easily if you write it in story form, describing all the events and situations in the order you encountered them.*

SECTION 9

Do you have a lawyer? yes no If yes, please list the name, the law firm information. **Note:** *You are not required to have a lawyer at this time.*

Lawyer Name: _____ Tel: _____

Law Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION 10

Who can we contact if we are unable to reach you at the address and phone number you provided?

List someone who can always contact you, living at a permanent address other than your address.

Name: _____
FIRST M.I. LAST

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Tel: _____

SECTION 11:

Who are your witnesses?

List everyone who witnessed the discrimination or can support your claim of discrimination. Describe what they saw and heard, and identify their race, color, creed, religion, sex, ancestry, national origin, disability status or age (whichever applies).

Witness Name: _____
FIRST M.I. LAST

Tel: _____ Address: _____ City: _____ State: _____ Zip: _____

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: _____

Name: _____
FIRST M.I. LAST

Tel: _____ Address: _____ City: _____ State: _____ Zip: _____

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

SECTION 14:

What do you want the landlord, business, state or local government agency, or educational institution to do to resolve this charge?

Completing this Intake Form 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.

SIGNATURE OF POTENTIAL CHARGING PARTY _____ DATE ____/____/____