



Civil Rights Complaint Questionnaire

This information will help City of Norfolk employees help you. It will determine whether your complaint is investigated by the City or another agency. Filing a complaint with the City does not prevent you from filing with other federal, state, or local agencies. Please include as much detail as possible. Attach additional pages as needed. Complaints must be filed with the City within 180 days of the alleged incident. If you do not know the answer to a question, write "unknown" in the space provided. If a question is not applicable, write "N/A." When the City receives this form, It will be reviewed to determine if the City has the authority to help.

1. Personal Information.

Your Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

E-mail Address: _____

Best time to be contacted [Day(s) and Time(s)]: _____

Date of Birth: _____ / _____ / _____
Month Day Year Age: _____ Sex: _____ Gender: _____

Race/Ethnicity:

African American/Black Caucasian/White Asian/Pacific Islander
 Hispanic or Latinx American Indian Other: _____

Alternate person to contact if you cannot be reached: _____

Street or Mailing Address: _____

Telephone(s): (____) _____ (____) _____ Relationship: _____

2. Complaint Details.

2a. I believe I was discriminated against by a: (Check any that apply)

City Employee/Department City Contractor/Agent City Program/Activity
 City Owned/Operated Facility Other: _____

Date and Time of Incident: _____

Place of Incident: _____

2b. I believe I was discriminated against because of my? (Check any that apply):

Race Color* National Origin* Disability* Military Status Sex
 Religion* Age Sexual Orientation Gender Identity Marital Status Pregnancy
 Childbirth/related condition Retaliation Genetic Information* Other*

*If you checked Genetic Information, select the type(s) of genetic information involved:

Genetic testing Family medical history Genetic services (counseling or education)

How was the genetic information obtained? _____

*If you checked Color, National Origin, or Religion, please specify: _____

*If you checked Other (Please explain): _____

*If you are claiming discrimination based on disability, please answer the following questions:

I have a disability I do not have a disability now but I did have one No disability but I am treated as if I am disabled

What is the disability that you believe is the reason for the discrimination? Does the disability prevent you from doing anything? (Example: lifting, sleeping, breathing, walking, working, etc.)

2c. Provide the name(s) of the City employee(s), contract(s) or agent(s) who allegedly discriminated against you, including their job titles, if known. _____

2d. Which City of Norfolk service(s), program(s), or activity was involved?

2e. List individuals who witnessed or know about the incident. Include addresses and phone numbers, if available.

3. Please describe the alleged discrimination. Attach additional sheets as needed.

Include the actions taken by each person and any reasons, accommodations or suggestions provided. For example, "On January 1, 2023, I was denied the opportunity to participate in swimming lessons by John Doe, Facility Manager, because the pool did not have an operational lift and I require a wheelchair."

I understand that by returning this completed questionnaire to the City of Norfolk, Office of Diversity, Equity and Inclusion, I have filed an official complaint with the City of Norfolk. *However, this does not mean that the complaint will be accepted for investigation.* If accepted for investigation, The City will notify the person named in the complaint. I declare, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge.

Signature of Complainant: _____ Date: _____

Mail, email or return this form to:

Office of Diversity, Equity and Inclusion
ATTN: Civil Rights/ ADA Coordinator
810 Union Street Suite 1101
Norfolk, VA 23510
DEI@norfalk.gov

