

(This is not a Complaint Form and will not be processed as a certified Complaint)

**MCAD
INTAKE INTERVIEW FORM**

Please provide the Commission with the following information:

First name: _____ Middle initial: _____ Last name: _____

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

Phone No: _____ Email Address: _____

Sex: _____ Marital Status (optional): _____ Race: _____

Emergency Contact Information: Name: _____ Phone No.: _____

How did you hear about us?

Do you have other complaints filed with us against the same Respondent? () No () Yes

Employer Information:

Name of Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone No.: _____

Primary business of company: _____ Occupation/Job title: _____

No. of employees: _____ Name of person(s) who discriminated against you: _____

Please check off appropriate box:

() Employment () Public Accommodations () Education () Credit () Other

Type of Discrimination: (please check off appropriate box(es)):

() Race () Color () National Origin () Age DOB: () Sex/Gender
() Sexual Harassment () Sexual Orientation () Disability/Reasonable Accommodation () Retaliation
() Religion/Religious Accommodation () Criminal Record () Maternity Leave () Genetics

Please indicate the date of the last act of discrimination:

Please summarize the employment decision that was taken against you by your employer: _____

Summarize why you feel these actions were discriminatory: _____

List all the people who were given more favorable treatment than you: _____

Signed by: _____ Date: _____

MCAD OFFICIAL USE ONLY (PLEASE NOTE: This is not a complaint form).

() Consult () Complaint Filed