



INTAKE QUESTIONNAIRE

Thank you for taking the time to complete this Intake Questionnaire from the City of Ridgefield. This form provides us with information we can use to help us to serve you. It is not a formal complaint. Once we receive your completed questionnaire, we will review it and then contact you for additional information.

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Check which phone number you prefer to be contacted at:

HOME _____ WORK _____ CELL _____

EMAIL ADDRESS: _____

Do you require language interpretation? Yes No If yes, what kind? _____

Do you require sign language interpretation? Yes No

Who can we contact if we are not able to reach you? _____

Daytime phone number _____ Relationship to you _____

I believe I have been discriminated against in:

Employment Public Accommodation Fair Contracting

I believe I have been discriminated against because of my:

Age Disability National Origin Sex
 Ancestry Gender Identity Race Sexual Orientation
 Color Marital Status Religion Use of service animal

What City of Ridgefield department do you believe discriminated against you?

City Council City Manager Finance & Administration Public Works
 Police Community Development

Name of the person(s) whom you believe discriminated against you: _____

What day did this occur? _____ What time? _____

Where did the discrimination occur? _____

What happened and how do you feel your were discriminated against? _____

Have you tried to resolve the issue through a grievance process, due process hearing, or some other method? Yes No If yes, what method? _____

If yes, what is the status of the process? _____

Have you filed the same complaint with anyone else? Yes No If yes, date filed: _____

If yes, who was the complaint filed with? _____

If yes, what is the current status of the complaint? _____

Signature

Date: _____

Please return completed form to:

Title VI Coordinator
City of Ridgefield
230 Pioneer Street, P.O. Box 608
Ridgefield, WA 98642

For office use only

Date received: _____ Received by: _____