

**MISSOURI ATTORNEY GENERAL
INTAKE QUESTIONNAIRE
LGBT-Related Human Rights Complaints**

Missouri's Human Rights Act currently does not provide protection against discrimination based on sexual orientation or gender identity. (Some local governments may provide limited protections.) Consequently, there is no existing database of LGBT-related human rights complaints within the Human Rights Commission. The Office of the Attorney General accepts information concerning any alleged inequities based on sexual orientation or gender identity, solely in order to assist with recording the frequency and seriousness of these issues.

Please complete this form and return it to Joan Gummels, Assistant Attorney General, P.O. Box 899, Jefferson City, MO 65102. Answer all questions that pertain to your particular situation, as completely as possible, and attach additional pages if needed to complete your response. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable to your situation, write "n/a".

Please note that in accordance with Missouri law, the complaint is a **public record**, subject to disclosure upon request. Your complaint, including your name, address, and related documents may be obtained pursuant to a public records law request.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street or Mailing Address: _____ Apt or Unit # _____

City: _____ County: _____ State: _____ Zip: _____

Phone Numbers: Home (____) _____ Work: (____) _____

Cell: (____) _____ E-mail Address: _____

Date of Birth: __/__/__ Sex: Male Female Transgender

Please answer the next 3 questions.

1. Are you gay or lesbian? Yes No
2. Are you bisexual? Yes No
3. Are you transgender? Yes No

Please Provide The Name of A Person We Can Contact If We Are Unable to Reach You:

Name: _____ Relationship: _____

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

Home Phone: (____) _____ Other Phone: (____) _____

Do you believe that you were discriminated against by a (check those that apply):

- Employer or labor organization?
 - Landlord/Housing Provider/Real Estate Agent?
 - Place of Public Accommodations?
 - Other (Please Specify)_____
-

What is the reason or basis for your claim of discrimination?

- Sexual Orientation
- Gender identity
- Other reason or basis for discrimination
(Explain)_____

Date of the incident. _____

Explain the circumstances that have given rise to this complaint.

(Attach additional pages if need to complete your response.)

What reason(s) were given to you for the acts described above?

I understand that this questionnaire is for informational and statistical purposes only, and that this form does not represent a legal complaint of discrimination.

Signature

Date