

CONFIDENTIAL
THIS IS NOT A CHARGE OF DISCRIMINATION.

NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS
2 INDUSTRIAL PARK DRIVE
CONCORD, NEW HAMPSHIRE 03301
(603) 271-2767
FAX: (603) 271-6339
TTD ACCESS: RELAY NH 1-800-735-2964
Email: humanrights@hrc.nh.gov

PUBLIC EDUCATION INTAKE QUESTIONNAIRE FOR RSA 354-A:29-34
(RIGHT TO FREEDOM FROM DISCRIMINATION IN PUBLIC WORKPLACES & EDUCATION)

INSTRUCTIONS: *This is a questionnaire, not a charge of discrimination.* Please fill out this questionnaire as completely as possible and send a copy back to the Commission either via regular mail, fax or email using the contact information above and keep a copy of the completed questionnaire for your records. The questionnaire will provide a Commission Investigator with information about your claim. The Investigator will use this information to determine whether you have the basis to file a formal charge. After reviewing the questionnaire, the Investigator will contact you to gather further information, as necessary and either explain the next steps in filing a formal charge or explain why you do not have the basis to file a charge of discrimination.

Is your claim relative to a public school?	Yes	No
Does the school or school district teach grades K-12?	Yes	No
Was the offered program/training part of a class?	Yes	No
Was the offered program/training part of an extra-curricular activity?	Yes	No

Student's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Primary Phone number: _____ Secondary Phone Number _____

Email address: _____

Is the student currently enrolled at the school? **Yes** **No**

If yes, present Grade: _____

Optional: What is your Race? _____ What is your National Origin? _____

CONFIDENTIAL
THIS IS NOT A CHARGE OF DISCRIMINATION.

Name of Public School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (include area code): _____

First date of Discrimination:	Month	Day	Year
Last date of Discrimination*:	Month	Day	Year

** Please keep in mind that you only have 180 days from the last date of discrimination to file a Charge of Discrimination with the Commission under state laws.*

Please briefly explain in the space provided below or on a separate piece of paper what action was taken against you that you believe to be discriminatory to include a description of the program/training alleged to violate RSA 354-A: 29-34. Provide details such as names and dates, etc. Were other persons treated differently than you? Please describe. What harm, if any, was caused as a result of that action?
