

**OUTREACH INITIAL INQUIRY QUESTIONNAIRE**

**This form DOES NOT represent a charge of discrimination.**

This form is NOT mandatory and you may instead contact the NEOC's intake unit via phone or email (see back)

**Personal Information**

Last Name:		First Name:		MI:	Suffix:
Street or Mailing Address:				Unit/apt. #	
City:		State:	Zip:		County:
Cell Phone:		Home Phone:		Email:	

1. Your complaint is about:

Employment

Housing

Public Accommodation

2. Did the acts of discrimination take place in the State of Nebraska?

Yes     No

3. When did the first act of discrimination occur (date)?: \_\_\_\_\_

When did the most recent act of discrimination occur (date)? \_\_\_\_\_

4. Have you already filed a complaint regarding this matter at another agency?

Yes     No

**Basis of Discrimination (check any that may apply):**

Age (40 years of age or older)

Familial Status (minors in household)

Race

Marital Status

Disability

Color

National Origin

Religion

Pregnancy

Retaliation

Sex (includes sexual harassment)     Sexual Orientation/Gender Identity

Provide any other details in this space:

Please Submit this form to an NEOC employee if you are at an event, or mail/scan to:

**Nebraska Equal Opportunity Commission**  
**1526 K Street, Suite 310**  
**Lincoln, NE 68508-2709**

**Email:** [neoc.intake@nebraska.gov](mailto:neoc.intake@nebraska.gov)

Upon receipt of your inquiry with valid contact information, you will be contacted during business hours M-F via telephone by our Intake unit to discuss your form, and possibly to schedule an intake interview.

If you have any questions regarding our process, or prefer to speak to somebody rather than fill out this form, you can contact our office at: (402) 471-2024 or (800) 642-6112