Nebraska Equal Opportunity Commission

neoc.nebraska.gov – 1.800.642.6112 – 402.471.2024

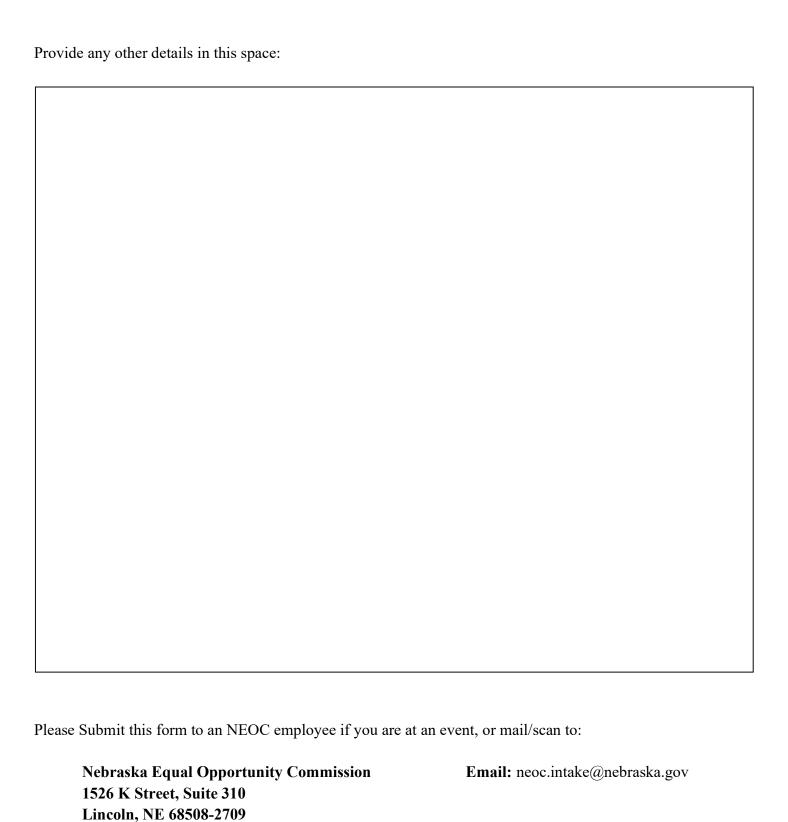
OUTREACH INITIAL INQUIRY QUESTIONNAIRE

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. #			
C'			·				
City:	State:		Zip:			County:	
Cell Phone:	Home Phone:		Email:				
	1 10110						
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		tal Status	Disability				
Color National C		onal Origin	Religion				
	_						
Pregnancy	Reta	liation					
Sex (includes sexual harassment) Sexual Orientation/Gender Identity							



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