

# DISABILITY SUPPLEMENTAL QUESTIONNAIRE (PUBLIC ACCOMMODATION CASES)

Palm Beach County Office of Equal Opportunity  
301 North Olive Avenue, 10th Floor – West Palm Beach, FL 33401  
Telephone: (561) 355-4883 | FAX: (561) 355-4932 | TDD: (561) 355-1517  
<http://www.pbcgov.com/equalopportunity>

In order to process and further investigate your complaint of public accommodation discrimination, we need your help in answering each of the following questions. These questions relate to how they apply to you as a person who has a disability and who is filing a claim of discrimination under Palm Beach County's Fair Housing Ordinance and the Federal Fair Housing Act. (These questions also apply to a disabled person whom you may be assisting in filing a complaint, or if you are filing a complaint because you believe that you have been discriminated against because you are associated with a person who is disabled.)

If you do not understand any question or if you need assistance in preparing your response, please contact an Equal Opportunity Specialist at (561) 355-4883.

NOTE: This document will be made available in an alternate format to any person who needs an accommodation. Requests for an alternate format document should be made to the Office of Equal Opportunity at the above telephone number.

## PERSONAL INFORMATION

1. My name is \_\_\_\_\_  
*First Middle Name or Initial Last*
2. I reside at \_\_\_\_\_  
in the City of \_\_\_\_\_ County of \_\_\_\_\_  
State of \_\_\_\_\_ Zip Code \_\_\_\_\_
3. My daytime telephone number, including the area code, is \_\_\_\_\_
4. My evening telephone number, including the area code, is \_\_\_\_\_
5. My email address is \_\_\_\_\_  
**(NOTE:** Under Florida law, email addresses are public records. Do not provide your email address if you do not want it released in response to a public records request.)

## INFORMATION ABOUT YOUR DISABILITY

Under the County's Fair Housing Ordinance and Places of Public Accommodation, a person is considered disabled if they meet one of the definitions listed below. For each definition, please state whether or not you believe it applies to you or the person(s) that you are assisting in filing a complaint, or the person with whom you are associated.

1. Do you (or the person you are assisting) have a physical or mental impairment?  Yes  No

2. Describe the physical or mental impairment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



When did you make the request? \_\_\_\_\_

Was it a written or verbal request? \_\_\_\_\_

To whom did you make the request? \_\_\_\_\_

\_\_\_\_\_

11. What was the response to your request for an accommodation or modification? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Please provide copies of documentation (do ***not*** send medical records) which substantiates the existence of your disability and the extent to which you are limited in performing daily major life activities.

13. Additional comments, if any: **(DO NOT PROVIDE MEDICAL RECORDS!)**

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**Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.**

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Date Signed \_\_\_\_\_



Palm Beach County  
Board of County Commissioners