



Bureau of Labor and Industries

CIVIL RIGHTS DIVISION ONLINE QUESTIONNAIRE AUTHORIZATION FORM

Please sign and return to:

Oregon Bureau of Labor and Industries Civil
Rights Division
800 NE Oregon Street, Suite 1045
Portland, Oregon 97232

Name <i>(please print)</i>		
Email Address <i>(as provided on the questionnaire)</i>		
Mailing Address		
	<i>(Street Address)</i>	<i>(City, State, Zip)</i>
Submission Date of Online Questionnaire		
Today's Date		

I have filled out and submitted an accompanying Civil Rights Division online questionnaire.

I certify that the information I have given on the Civil Rights Division's online questionnaire is complete and correct to the best of my knowledge. I agree to allow the Civil Rights Division to contact me and I acknowledge that failure to respond to the Civil Rights Division's attempts to contact me may result in the closure of my inquiry.

I also understand that the online questionnaire is *not a formal complaint* filed with the Civil Rights Division.

X

Your Signature