



CHRISTINA E. STEPHENSON
Commissioner of the
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 St., Suite 1045
Portland, Oregon 97232

Or

crd.auth@boli.oregon.gov

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

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