
Office of Human Rights
DISTRICT OF COLUMBIA

OHR QUESTIONNAIRE-PUBLIC ACCOMMODATION

*Required Fields

1. COMPLAINANT

*Today's Date: 06/04/2014		*Name: Amira J. Gray	
*Address: [REDACTED]		*City/State/Zip: [REDACTED]	
E-mail: [REDACTED]		* What language do you prefer to communicate in? <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Please list) _____	
*Home Tel #: [REDACTED]			
Work Tel #: _____			

IF REPRESENTED BY LEGAL COUNSEL, PLEASE PROVIDE THE FOLLOWING:

Name: Susan Sommer, Dru Levesseur, Andrew Krawis Telephone/Fax: 212-809-8585
 Address: 120 Wai Street, Floor 19, New York, NY 10005 E-mail Address SSommer@LambdaLegal.org (See attached complaint)
 *Please note: If you are represented by counsel or retain counsel prior to your scheduled Intake Interview, the counsel must either (1) be present with you for the duration of your Intake interview, or (2) withdraw his/her appearance from the interview by submitting a letter to the Office indicating that the interview may take place without his/her representation.

Do you require a reasonable accommodation? If so, please explain:
 No

Do you require language interpretation? If so, what language? No

2. RESPONDENT

Name of company or organization:
Bistro 18

Name and Title of principal officer (i.e. President, Owner, Human Resources Manager):
Unknown

Address: 2420 18th St. NW City/State/Zip: Washington, DC 20009

Tel #: 202-245-1818 Fax #: _____ E-mail Address: _____

3. BASIS OF COMPLAINT

This basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in that category.

*Do you feel you were discriminated against because of your: (Please check appropriate box).

<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Family Responsibilities	<input type="checkbox"/> Matriculation	<input type="checkbox"/> Source of Income
<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Genetic Information	<input checked="" type="checkbox"/> Gender Identity or Gender Expression	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Familial Status
<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion	<input checked="" type="checkbox"/> Personal Appearance	<input type="checkbox"/> Political Affiliation	<input checked="" type="checkbox"/> Sexual Orientation	

4. JURISDICTION

Please check all that apply.

Alleged violation occurred in the District of Columbia.

Alleged violation occurred 365 days or less from today's date.

You have not commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein.

5. PUBLIC ACCOMMODATION

What action was taken that made you feel you were treated differently?

Failure to Accommodate (i.e. Religion, Disability) Denial of Service Other: Slur on receipt

*Date of alleged incident: 08/11/2013 *Service you requested: Restaurant and bar service

Person who denied your service request (if known):

Name: Unknown Title: Unknown

How is this person different from you? (i.e. what is this person's protected basis? See Section 3 for complete list of basis.)
See attached complaint

Have you tried to resolve this matter with the Respondent? If so, please describe with whom you spoke and their response:
See attached complaint

6. YOUR COMPLAINT

Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying educational services. If this is a disability-based complaint, please specify whether an accommodation was requested, the person the request was submitted to and the date Respondent was notified of your disability.

See attached complaint

The submission of the OHR questionnaire constitutes the date of filing for statute of limitation purposes. A complete and submitted OHR questionnaire satisfies the requirements of 4DCMR 705.4, 705.5

Please return this form by email to ohr.intake@dc.gov or 441 4th Street NW, Suite 570N, Washington DC, 20001.

The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

A. Gray
*Signature of Potential Charging Party
(please type full name)

06/04/2014
*Date

COMPLAINANT:

Amira Gray

[REDACTED]

Case #:

Phone #:

[REDACTED]

Attorneys:

Susan Sommer
Dru Levasseur
Andrew Kravis

Lambda Legal
120 Wall Street, 19th Floor
New York, NY 10005-3919

RESPONDENT:

Bistro 18
2420 18th Street NW
Washington, D.C. 20009

Phone #:

202.265.1818

Contact:

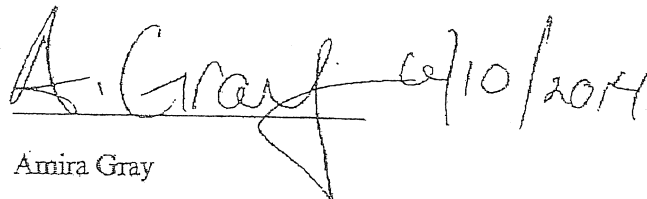
1. My name is Amira Gray.
2. I am a transgender woman. This means that, although I was assigned the male sex at birth, I identify and live as a woman.
3. On August 11, 2013, I went to a hookah bar called Bistro 18, located at 2420 18th St NW, Washington, DC. I was there with eight of my friends, including Cierra Glover, Jenny Russell, Antoine Williams, Daryl "Marc" Miller, and Tia Hall, who have all consented to be listed on this complaint. Four of us are women, and two of the men who were there are gay.
4. We seated ourselves. The wait staff was attentive to customers at other tables, giving them menus and taking their orders right away, and carrying the orders to their tables, but no wait staff approached our table.
5. After waiting more than fifteen minutes, I went to the bar and paid cash for a round of drinks, which my friends and I carried to the table ourselves.
6. Our group continued to be denied table service for the remainder of the night, while other tables around us continued to receive table service. Over the course of the night, not once did a member of the wait staff take an order from our table, instead requiring us on each occasion we wanted something to seek service directly at the bar. Indeed, the only time a waitperson came to our table during the night was to bring the hookah machines we had ordered at the bar.


[REDACTED]

COMPLAINANT: Amira Gray

RESPONDENT: Bistro 18

7. At around 12:30 AM, a waitress dropped off the bill at our table. We were horrified to see that the bill had the slur "GAY BITCHES" printed in capital letters near the top portion of the bill.
8. As a transgender woman, I was extremely hurt, embarrassed and upset. I felt that the slur was meant as a slap in the face because of my gender identity and expression, my perceived sexual orientation, my personal appearance, and my association with my friends who are or may have been perceived as being lesbian or gay. I believe that those at the table at which I was seated were targeted for ill-treatment based on the fact that our group included transgender and gay patrons and patrons who may have been perceived as lesbian or gay.
9. One of my friends, Marc, went to the manager to bring the slur to his attention. Marc informed me that the manager told him the waitress had printed the "wrong" bill.
10. I saw the manager snatch what he believed to be the offending receipt out of Marc's hands and walk away. When the manager returned, he gave us a new receipt, which was identical to the previous receipt but without the words "GAY BITCHES" printed on it. I have attached a picture of the receipt here for reference.
11. I do not believe that other patrons at Bistro 18 were handed checks with this slur.
12. I believe that I was denied the full and equal enjoyment of the goods, services, facilities, privileges, advantages and accommodations of Bistro 18 based on my gender identity (transgender woman), gender expression, perceived sexual orientation, and personal appearance, as well as my association with friends of mine who are gay or who may have been perceived as lesbian or gay, in violation of D.C. Code § 2-1401.31.
13. I have not commenced any other action, civil, criminal, or administrative, in any other forum based on the same unlawful discriminatory practice described herein.
14. With regard to this discrimination charge, I am represented by Susan Sommer, Dru Levasseur, and Andrew Kravis of Lambda Legal Defense and Education Fund, Inc. Lambda Legal's address is 120 Wall Street, Floor 19, New York, NY 10005. Their phone number is (212) 809-8585. They may be reached by e-mail at SSommer@LambdaLegal.org, DLevasseur@LambdaLegal.org, or AKravis@LambdaLegal.org.

 6/10/2014
Amira Gray


COMPLAINANT: Amira Gray
RESPONDENT: Bistro 18