

EMPLOYMENT INTAKE QUESTIONNAIRE

Please answer the following questions, telling us why you believe that you have been discriminated against in employment.

PLEASE PRINT

Name _____
First Name Middle Initial Last Name

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone Number _____

Cell Phone _____ Date of Birth _____

E-mail address _____

Race (Select *one or more*)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity (Select *only one*)

Hispanic or Latino Not Hispanic or Latino

I WAS DISCRIMINATED AGAINST BY: (Check (3) the one(s) that apply)

Employer Union Employment Agency

Company Name _____

Address of Company _____

City _____ State _____ Zip _____

Telephone Number _____ Date of Hire _____

Rate of Pay Per Hour _____ Hours Per Week _____

Position Title _____

Name of: (Please give names of as many as possible)

Owner: _____

Manager/Supervisor: _____

Personnel Director: _____

Number of Employees at Company: (Please check (3) appropriate box)

Under 8 8 –14 15 – 100 101 – 200 201 – 500 501+

Are you still employed by this company? Yes No

If not, please list when your employment ceased _____

Did you leave your employment voluntarily, or were you terminated?

Have you ever filed a complaint like this before? Yes No; If **Yes**, please list where you filed the complaint, when the complaint was filed and against whom the complaint was filed:

Does your employer have an internal complaint procedure? Yes No

If **Yes**, please answer the following:

Have you taken advantage of this procedure to make your present concerns known to a higher level management? Yes No

If you have filed such a complaint, please record the date(s) of your filing(s) and results of said filing(s), if any.

If you did not file a complaint, please explain why you did not: _____

Do you believe that the action taken against you was because of: (Check (✓) the one(s) applicable and specify)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability (specify) | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Mental | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Age | <input type="checkbox"/> Physical | <input type="checkbox"/> Sexual Orientation (Gender Identity) |
| <input type="checkbox"/> Retaliation | | |

What action was taken against you that you believe to be discriminatory? (i.e. not hired, disciplined, terminated, etc.)

Who took that action? _____

Who do you believe received better treatment than you? _____

Please provide the **names, addresses** and **telephone numbers** for any individual whom you believe would be able to provide information about the situation that you are complaining about:

Name	Address (include city, state, zip code)	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the name of an individual, who does **NOT** live with you, in the local area, who would know how to reach you at any time. This person must have a telephone number and a street address.

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

By clicking SUBMIT, I affirm that the information contained in my response to this Intake Questionnaire is true and correct to the best of my knowledge and belief:

Date