



**King County**

## **Fair Employment Intake Questionnaire**

### **Office of Civil Rights**

**If you complete and return this form, you have not filed a formal complaint.  
OCR staff will review your form, then contact you to finalize the process.**

**Person Filing Complaint** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phones:** Home \_\_\_\_\_ **Work** \_\_\_\_\_

Cell \_\_\_\_\_ **Message** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**How did you hear about OCR?**

**Name of a friend or relative we can contact if we cannot contact or locate you**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phones:** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Your job title** \_\_\_\_\_

**Date of employment** \_\_\_\_\_ **Date of termination, if any** \_\_\_\_\_

**Date you became aware of the discrimination?** \_\_\_\_\_

**Most recent date of discrimination?** \_\_\_\_\_

**Who do you want to file a complaint against?**

\_\_\_\_ Current or Former Employer

\_\_\_\_ Union

\_\_\_\_ Prospective Employer

\_\_\_\_ Employment Agency

Name of person \_\_\_\_\_

Person's title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Message \_\_\_\_\_

E-mail \_\_\_\_\_

**How many people are employed at this company or organization?** \_\_\_\_\_

**Address of your place of employment** (if different from above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The discrimination was because of my** (Check all that apply)

\_\_\_\_ Race \_\_\_\_\_

\_\_\_\_ Color \_\_\_\_\_

\_\_\_\_ National Origin (country?) \_\_\_\_\_

\_\_\_\_ Ancestry (country?) \_\_\_\_\_

\_\_\_\_ Sex / Gender: Male Female

\_\_\_\_ Age (birthdate?) \_\_\_\_\_

\_\_\_\_ Religion \_\_\_\_\_

\_\_\_\_ Sexual Orientation \_\_\_\_\_ Gender Identity

\_\_\_\_ Marital Status: Married Separated Divorced Engaged Widowed Single Cohabiting

\_\_\_\_ Disability \_\_\_\_\_





**If you are represented by an attorney, please provide contact information:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phones(s) \_\_\_\_\_

Email \_\_\_\_\_

**After the investigation begins, you may be asked to provide a list of witnesses and how to contact them.** The types of witnesses with the most useful information are:

- People who were observers of the actions you described above. This includes anyone besides the Respondents who saw or overheard the actions. For example, a co-worker who saw an incident occur, or a co-worker who heard a manager say something.
- People who are "similarly situated" who were treated the same way you were treated. For example, a co-worker in your job class who was also fired, or received similar discipline.
- People who are "similarly situated" who were not treated the same way you were treated. For example, a co-worker born in the U.S. who received training while you (born in another country) did not get the training, or a co-worker who is not your religion who was promoted in a job you competed for.

**I verify that this statement is true to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return your signed Intake Questionnaire to**

King County Office of Civil Rights  
401 Fifth Avenue, Suite 215  
Seattle, WA 98104-1818

If you have questions about this Intake Questionnaire, contact OCR at 206-263-2446, TTY Relay: 711, Fax 206-296-4329, or e-mail Civil-Rights.OCR@kingcounty.gov.

**We provide reasonable accommodations for people with disabilities.  
AVAILABLE IN ALTERNATE FORMATS**