

# 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?	2
Current or Former Employer	Union
Prospective Employer	Employment Agency
Name of person	
Person's title	
Address	
Phones: Home	Cell
	Message
E-mail	
The discrimination was because of my       (C         Race       (C	
Color	
Ancestry (country?)	
Sex / Gender: Male Female	
Age (birthdate?)	
Religion	
	_ Gender Identity
Marital Status: Married Separated Div Disability	vorced Engaged Widowed Single Cohabiting

## What action(s) were taken against you? (check all that apply)

- \_\_\_\_ Failure to hire or rehire
- \_\_\_\_ Termination or Layoff
- \_\_\_\_ Performance Evaluation
- \_\_\_\_ Failure to dispatch or represent
- \_\_\_\_ Failure to Accommodate Disability
- \_\_\_\_ Compensation/equal pay \_\_\_\_ Maternity
- \_\_\_\_ Pre-employment inquiry/practices/advertising
- \_\_\_\_ Use of discriminatory language in a printed statement, advertisement or application form
- \_\_\_\_\_ Union memberships rights or privileges, or admission to an apprenticeship or training program

\_\_\_\_ Training

Refusal to promote or transfer

\_\_\_\_ Failure to promote/demote

\_\_\_\_ Disciplinary Action
\_\_\_\_ Sexual Harassment

- \_\_\_\_ Unfair treatment in other terms, conditions, wages or employment
- \_\_\_\_ Verbal Slurs
- \_\_\_\_ Retaliation I made a formal / informal discrimination complaint or testified in an investigation
- \_\_\_ Other (specify) \_\_\_\_\_

Briefly describe what action(s) were taken against you. (please include specific dates)

	_	
	_	
	_	
	_	
	_	
	_	
	—	
	_	
(use additional pages if passages i)		
(use additional pages if necessary)		

If you are represented by a union, which one? \_\_\_\_\_

If represented, has a grievance been filed regarding this issue? \_\_\_\_\_

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 <u>treated the same</u> 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.

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