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?

<table>
<thead>
<tr>
<th>Current or Former Employer</th>
<th>Union</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prospective Employer</td>
<td>Employment Agency</td>
</tr>
</tbody>
</table>

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


**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
___ 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
___ 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)

_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________
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_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________
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_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________
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 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