 Complete and use the buttons at the end to send electronically or to print for mailing. HELP

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

DIVISION OF HUMAN RIGHTS

123. W., Missouri Ave., Pierre, SD 57501

Tel: 605.773.3681 Fax: 605.773.4211 dlr.sd.gov/human_rights

CHARGING PARTY INTAKE FORM FOR EMPLOYMENT DISCRIMINATION

This form provides information to the South Dakota Department of Labor and Regulation, Division of Human Rights. ***This form is not a formal charge of discrimination.***

Have you already filed your complaint with the Equal Employment Opportunity Commission (EEOC)? ◯ yes ◯ no
If yes, when did you file the charge? _____
If "Yes," and this is the same charge you filed with EEOC, **STOP** and contact our office before going any further by calling 605.773.3681.

Please print or type answers to all questions.

SECTION 1:
PERSONAL INFORMATION

Your Full Name: _____ _____ _____
FIRST M.I. LAST

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Tel: _____ ☐ Cell ☐ Home ☐ Work

Tel: _____ ☐ Cell ☐ Home ☐ Work

Best time to reach you during the week: ___:_____ a.m. ___:_____p.m.
May we contact you at work? ◯ yes ◯ no

Date of Birth: _____ **Sex:** ◯ M ◯ F

Race refers to a person's physical characteristics, most typically skin color. National origin, on the other hand, refers to a person's country or general area in the world where he or she is from.

What is your Race?

- ☐ American Indian or Alaskan Native
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other, specify: _____

What is your National Origin?

- ☐ African
- ☐ American
- ☐ Asian
- ☐ Caribbean
- ☐ European
- ☐ Hispanic or Latino
- ☐ Middle Eastern
- ☐ Other, specify: _____

SECTION 2:

What did your employer do to you to cause you harm? *You may check more than one if necessary.*

Were you terminated from your job? When and how did this last happen? Date: _____ ☐ Fired ☐ Laid-off ☐ Forced to quit ☐ Voluntarily Resigned	Were you denied any of the following? When and how did this last happen? Date: _____ ☐ Employment ☐ Promotion ☐ Transfer ☐ Training ☐ Reinstatement ☐ Recall ☐ Maternity benefits ☐ Other:	Were you treated differently in the terms or conditions of your job? When and how did this last happen? Date: _____ ☐ Harassed ☐ Unequal pay ☐ Demoted ☐ Maternity leave ☐ Discipline ☐ Other:

SECTION 3:

What is your protected group which caused your employer to harm you? *You may check more than one if necessary.*

- ☐ Race
- ☐ Color
- ☐ Creed
- ☐ Religion
- ☐ Sex
- ☐ Ancestry
- ☐ National Origin
- ☐ Disability
- ☐ Age (40 years and older)

Color *is skin color.*
Creed *is your set of fundamental beliefs.*

Sex *discrimination includes gender and pregnancy discrimination, and sexual harassment.*

Ancestry *is your line of descent or your ancestors.*

You must ***submit clear and concise medical documentation of your disability****, understandable in non-technical language. This should include a description of how the disability affects your ability to care for yourself, perform manual tasks, work, walk, stand, sit, lift, reach, see, hear, speak, breathe or learn, and the outlook for your recovery. (If you have alleged disability discrimination, we have sent a Disability Intake Questionnaire for you to complete).*

Employer ***must employ 20 or more employees*** *for the* ***Age Discrimination*** *in Employment Act of 1967 to apply. Not covered by state discrimination law.*

SECTION 4:

In what areas did the discrimination happen? *You may check more than one if necessary.*

☐ Your Employment ☐ Your Labor Union Membership ☐ Your Employment Agency

☐ Retaliation (treated adversely for complaining of or opposing discrimination)

When was the last date the retaliation took place? _____

SECTION 5:

Which employer, labor union, or employment agency discriminated against you?

Business/Organization/Agency Name:_____

Address: _____ City:_____

County: _____ State: _____ Zip: _____

Tel: _____ Supervisor: _____ Title: _____

Business Owner: _____

SECTION 6:

A. What sort of services or product does the employer, labor organization, or employment agency provide?

B. Does your employer have 15 or more employees? ◯ yes ◯ no
Estimate the Number of Employees: _____

C. Did you fill out an employment application? ◯ yes ◯ no Did you have a personal interview? ◯ yes ◯ no

D. Were you qualified for the job when you applied for it? ◯ yes ◯ no

E. How many persons of your race, color, creed, religion, sex, ancestry or national origin, disability or age were employed there when you applied (if known)? _____

How many such persons are employed there now (if known)? _____

SECTION 7:

ANSWER THE NEXT SET OF QUESTIONS IF YOU WERE NOT HIRED:

A. What reasons did the employer give for not hiring you?

B. If you were not hired, do you know who was? ◯ yes ◯ no Name: _____
If yes, what were the person's qualifications? _____

If yes, describe the person's race, color, creed, religion, sex, ancestry or national origin, disability status or age (whichever applies).

SECTION 8:

ANSWER THE NEXT SET OF QUESTIONS ON PAGE 3 AND 4 IF THE CLAIMED DISCRIMINATION HAPPENED WHILE YOU WERE AN EMPLOYEE:

A. How much money do (did) you make per hour? _____

B. How many hours do (did) you work each week? _____

C. List your job title: _____

D. Is/was your job: ☐ Permanent ☐ Temporary ☐ Probationary

E. If probationary, when did the probation end? _____

F. If your employer offers money to settle your claim, what is the smallest amount you will accept?
_____

G. If you were fired, who replaced you? _____

Identify the person's race, color, creed, religion, sex, ancestry, national origin, disability status or age (whichever applies). _____

H. When hired, did you and your employer make any special arrangements or agreements? ◯ yes ◯ no

If yes, please describe

I. Were you given a copy of company rules and policies? ◯ yes ◯ no

J. Is there a written or verbal policy that covers the action taken against you? ◯ yes ◯ no

If yes, please describe it

K. Did you ever complain to your employer, supervisor or personnel department about discriminatory acts against you by anyone on the job? ◯ yes ◯ no

List the dates when you complained and describe what you said when you complained.

L. Are you represented by a labor union? ◯ yes ◯ no **If yes, has a union grievance been filed?** ◯ yes ◯ no

If yes, what was the result of filing a union grievance? _____

M. What reasons (if any) did the employer give for taking the discriminatory action(s) you are claiming?

SECTION 9:
On a separate sheet of paper, describe why you feel you have been treated differently from others who are in a situation similar to you but are of a different: race, skin color, creed, religion, sex, national origin, disability or age (40 years of age or older). **You must have a complete statement before the Division of Human Rights can proceed with your case. If you need help, please call us at 605-773-3681.**

- *Examples of others in a similar employment situation might be someone with similar job qualifications and the same job description, subject to the same standards and working under the same supervisor.*
- *Be as specific as possible and include dates, places, names and the positions held by those involved.*
- *If you use technical language or abbreviations relating to your work, please explain their meanings.*
- *Please type your statement, if possible. However, a hand-printed statement is acceptable.*
- ***You must sign and date your completed statement**.*
- ***Suggestion:** We may be able to understand your statement more easily if you write it in story form, describing all the events and situations in the order you encountered them.*

SECTION 10:
Do you have a lawyer? ◯ yes ◯ no If yes, please list the name, the law firm information. ***Note:** You are not required to have a lawyer at this time.*

Lawyer Name: _____ Tel: _____

Law Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION 11:
Who can we contact if we are unable to reach you at the address and phone number you provided?
List someone who can always contact you, living at a permanent address other than your address.

Name: _____ _____ _____
FIRST M.I. LAST

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Tel: _____

SECTION 12:
Who are your witnesses?
List everyone who witnessed the discrimination or can support your claim of discrimination. Describe what they saw and heard, and identify their race, color, creed, religion, sex, ancestry, national origin, disability status or age (whichever applies).

Witness Name: _____ _____ _____
FIRST M.I. LAST

Tel: _____

Address: _____ City: _____ State: _____ Zip: _____

Witness Name: _____ _____ _____
FIRST M.I. LAST
Tel: _____

Address: _____ City: _____ State: _____ Zip: _____

Witness Name: _____ _____ _____
FIRST M.I. LAST
Tel: _____

Address: _____ City: _____ State: _____ Zip: _____

If you need more room, please attach another sheet of paper.

SECTION 13:
List anyone who *was* discriminated against in the same way as you and identify their race, color, creed, religion, sex, ancestry, national origin, disability status or age (whichever applies).

Name: _____ _____ _____
FIRST M.I. LAST
Tel: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ _____ _____
FIRST M.I. LAST
Tel: _____

Address: _____ City: _____ State: _____ Zip: _____

If you need more room, please attach another sheet of paper.

SECTION 14:
List anyone who acted the same way you did, *but was not treated in the same way you were* and identify their race, color, creed, religion, sex, ancestry, national origin, disability status or age (whichever applies).

Name: _____ _____ _____
FIRST M.I. LAST
Tel: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ _____ _____
FIRST M.I. LAST
Tel: _____

Address: _____ City: _____ State: _____ Zip: _____

If you need more room, please attach another sheet of paper.

SECTION 15:
What do you want the employer, labor organization, or employment agency to do to resolve this charge?

Completing this Intake Form does not file your charge. This form is a fact-gathering information tool that we need to write the formal Charge of Discrimination.

SIGNATURE OF POTENTIAL CHARGING PARTY: _____ DATE ___/___/_____

SEND ELECTRONICALLY or PRINT FOR MAILING CLEAR FORM