

SECTION 2:

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

<p>Were you terminated from your job?</p> <p>When and how did this last happen?</p> <p style="text-align: center;">Date: _____</p> <p>Fired Laid-off Forced to quit Voluntarily Resigned</p>	<p>Were you denied any of the following?</p> <p>When and how did this last happen?</p> <p style="text-align: center;">Date: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Employment</td> <td style="width: 50%;">Promotion</td> </tr> <tr> <td>Transfer</td> <td>Training</td> </tr> <tr> <td>Reinstatement</td> <td>Recall</td> </tr> <tr> <td>Maternity benefits</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> </table> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	Employment	Promotion	Transfer	Training	Reinstatement	Recall	Maternity benefits		Other:		<p>Were you treated differently in the terms or conditions of your job?</p> <p>When and how did this last happen?</p> <p style="text-align: center;">Date: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Harassed</td> <td style="width: 50%;">Unequal pay</td> </tr> <tr> <td>Demoted</td> <td>Maternity leave</td> </tr> <tr> <td>Discipline</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> </table> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	Harassed	Unequal pay	Demoted	Maternity leave	Discipline		Other:	
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Reinstatement	Recall																			
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Other:																				
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SECTION 3:

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

- Race
- Color *Color is skin color.*
- Creed *Creed is your set of fundamental beliefs.*
- Religion *Sex discrimination includes gender and pregnancy discrimination, and sexual harassment.*
- Sex *Ancestry is your line of descent or your ancestors.*
- Ancestry *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).*
- National Origin
- Disability
- Age (40 years and older) *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?

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.

