

**Allentown Human Relations Commission
Employment Discrimination Questionnaire**

1. COMPLAINANT CONTACT INFORMATION

Name _____

Address _____

Street

Apt.

City

State

Zip Code

Phone Number: (H) _____ Cell: _____

(W) _____ May we contact you at work? Yes No

E-mail: _____

Name, address and phone number of a person, who does **NOT** live with you and will know how to contact you:

Name _____ Phone Number _____

Address _____

Street

Apt.

City

State

Zip Code

E-mail address: _____

2. AGAINST WHAT EMPLOYER OR ORGANIZATION DO YOU WANT TO FILE YOUR COMPLAINT?

Name _____

Address _____

Street

City

State

Zip Code

Phone Number _____ E-mail address _____

NUMBER OF INDIVIDUALS WHO WORK FOR THE EMPLOYER:

fewer than 4 4 to 16 15 to 20 20 or more

Type of Business _____

Is the employer a federal agency? yes no

3. DESCRIBE HOW YOU WERE HARMD, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU. * Check all that apply.

Write the date(s) you were harmed beside the discriminatory event or action:

Discharged _____ Lay-Off _____ Failure to Recall _____

Forced transfer _____ Demotion _____ Denied transfer _____

Forced Leave _____ Leave Denied _____ Unequal wage _____

Discipline (Suspension, Warning, etc.) _____ Harassment _____
 *Complete question #7 if you have harassment

Forced to Quit _____
 Not accommodated because of your: Disability _____ Religion _____
OTHER, please be specific: _____

4. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, age, sex, national origin, familial status, disability or the use, handling or training of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race as the reason. If you feel you were treated differently because of your race and sex, please check both race and sex. **Only check those reasons which explain why you were harmed.** Also, please identify your race, color, religion, nationality or ancestry, if you were discriminated against based on those factors.

- Male Female Pregnant
- Age (40 or older only): Date of Birth _____
- Race _____ Color _____
- Religion _____ Ancestry _____
- Association with a person of a different race than your own:
 Your race _____ The other person's race _____
- Use of a guide or support animal _____
- Refusal to perform, participate in, or cooperate in abortion or sterilization services
- GED Other _____
- I have a disability. (please complete #8) The employer treats me as if I am disabled.
- I had a disability in the past. (please complete #8)
- I have a relationship or association with someone who has a disability. (complete #8).

RETALIATION

If you believe you were **harmed** because you complained about what you believed to be unlawful discrimination, because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.

Date you filed a complaint with the Allentown Human Relations Commission _____
 If you filed a complaint with another agency, list the agency's name and date of filing:

 Date you complained about discrimination to a manager _____

 Date you assisted someone in complaining about discrimination _____

5. WHEN WERE YOU HIRED OR WHEN DID YOU APPLY FOR A JOB WITH THE EMPLOYER?

Date you became an employee: _____

Position for which you were hired: _____

What was your position at the time you were harmed? _____

If you were seeking to be hired by an employer:

When did you apply? _____ When did you learn you were not hired? _____

6. STATE THE REASONS THE EMPLOYER GAVE YOU FOR ACTIONS THAT HARMED YOU.

Who told you about the employer’s reasoning for the action? Include his or her job title.

When were you told about the action taken against you? (Date or Dates)

If you were given no reason, please check here.

Regarding how you were harmed, please identify a person or persons who were treated better than you. For example, as a **male employee** you were disciplined for a work violation, but a **female employee** who committed the same violation was not disciplined.

Name of employee – First and Last (if known)

How is this person different from you? For example, what is his or her race, age, religion, etc.?

Please explain **exactly** how this person was treated better or differently than you. Include dates.

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. Which can be investigated, and which directly relates to why you were treated differently than someone else.

7. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #4, ANSWER THE FOLLOWING QUESTIONS.

What is your disability? _____

How long have you had this disability and when did it start? _____

Do you still have this disability? Yes No

If yes, how much longer do you expect to have the disability? _____

What major life activities do you have great difficulty performing because of your disability (Check all that apply.)

- Seeing Hearing Bending Walking Lifting Stooping
- Turning Climbing Running Talking Standing for long periods
- Sitting for long periods Caring for yourself Thinking Concentrating
- Relating to others

Other Major Life Activities (**Be specific**) _____

If you have a disability in the past, when did it start, and what date did it end? _____

If your employer treats you as if you are disabled: What disability do they think or believe you have? _____

Who are the people that are treating you as disabled (names and positions)? _____

Why do you think these people think or believe you have a disability? _____

How did your employer learn about your disability? _____

On what date did they learn about your disability? _____

Which specific manager/official/agent learned about your disability? (include title or position) _____

If you are related to someone who has a disability, what is your relationship to this person? _____

What is this person's disability? _____

How and on what date did the landlord, manager, etc. learn about this person's disability? _____

Did you ask for an accommodation or assistance? yes no

IF YES,

- To whom did you make your request? _____
- On what date was the request made? _____
- Please describe the accommodation or assistance you requested, and why. _____

Did the employer provide the requested accommodation or assistance? yes no

If so, on what date _____

Did the employer provide some other accommodation or assistance instead? yes no

If yes, please explain. _____

Did the employer deny your request for an accommodation or assistance? yes no

If so, who denied your request? _____

What date was the request denied? _____

What reason was given to you for the denial? _____

8. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #3, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.

Name the person(s) who harassed you: _____

His or her position or job title. _____

When were you harassed; starting date _____ Ending date _____

Is the harassment still continuing? yes no

How often did the harassment occur? As well as possible, please indicate **date, month and year** of each incident and how often the harassing actions occurred.

One time only _____ Once a day _____

Several times daily _____

Multiple times/week _____

Multiple times/month _____

Please provide two or three examples of the harassment you experienced.

Do you consider any of the above acts of harassment to be especially severe and/or offensive?

yes no If so, why? _____

Did the harassment have a negative or harmful effect on you or your health? If so, please explain:

Did you complain to anyone about the harassment? yes no

To whom did you complain? _____

Name Position or title

What date did you complain? _____

Did the harassment stop after you complained about it? yes no

If it ended, on what date did it stop? _____

After you complained, were any other actions taken against you? (for example – eviction, denied service etc.) yes no

What were the actions? _____

On what dates did they occur? _____

Who took the action against you? _____

Did this person know that you complained about the harassment? yes no

Please identify someone who is different than you and who was treated better:

Name Position or job title

Reason they were treated better than you as discussed in #4 above: _____

How were they treated better regarding the harassment? _____

9. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOU OR ANYONE ELSE). IF SO, PLEASE SPECIFY THE COURT AND THE DATE FILED, TO THE BEST OF YOUR MEMORY.

yes no _____
Court City County State Date filed

10. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed: _____

Date of filing Inquiry or Complaint number

11. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT).

YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.

I hereby verify that the statements contained in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification authorities.

Signature _____

Date _____

IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES TO DESCRIBE WHAT HAPPENED TO YOU AS COMPLETELY AS POSSIBLE.

