



General Information and Instructions Civil Rights Division Questionnaire and Complaint

- A. What We Investigate** – We investigate allegations of employment discrimination or retaliation and any supporting substantial evidence you submit. Many kinds of unfair treatment and discrimination *do not* violate the laws, and thus Oregon Bureau of Labor and Industries Civil Rights Division (CRD) cannot investigate. Please visit our website at www.oregon.gov/boli before you fill out the Questionnaire. You have the burden of proving your claims.
- B. Employment at Will** – Oregon is an “employment at will” state, which means that employers are free to hire and fire for *any* reason that does not violate the law. *Not all unfair or discriminatory treatment is unlawful.*
- C. Time Limits** – You must file a Complaint within one year of the date of any discriminatory action/harm. CRD can only investigate unlawful discrimination that has occurred within **one year from the date of the unlawful act**. Please submit your questionnaire promptly to allow time for the intake interview, drafting of the charge, sending/receiving time, signing and notarization and returning to BOLI before the 1 year anniversary and to be received before the end of the business day.
- For OSHA retaliation claims, you must file within **90 days** of the unlawful act and the charge requires only your signature.
- D. What is the Questionnaire** – The Questionnaire is a form which assists the intake staff in drafting a *possible* charge. The **Questionnaire is NOT** an official complaint and completing the Questionnaire does not mean an investigation will be conducted.
- E. Filling out the Questionnaire** – You must **completely fill out pages 1–4** of the Questionnaire, and any additional pages that apply. Please do not attach additional sheets instead of completing the Questionnaire. Additional documents are not required at this stage. Only attach additional sheets if they support your allegations. *Do not send originals.* Keep a copy of your Questionnaire for your records. (We do not provide copies).
- F. Procedure** – Due to the large number of questionnaires received, it may take several weeks for you to hear back from CRD. You will be contacted as soon as your questionnaire is assigned to an Intake Officer.
- G. Contact Information** – It is your responsibility to contact this office in writing advising us of changes in your address or phone number.
- H. Retaliation** – Retaliation is often *not* unlawful. For CRD to have jurisdiction over a retaliation claim, you must show that the retaliation occurred because of your involvement in a protected activity. There are many instances of retaliation over which CRD does not have jurisdiction.
- I. Private Attorney** – You may consult an attorney at any time before or during a CRD investigation. Your attorney may also draft and submit your complaint, but it must contain your notarized signature. You are not required to retain an attorney.

PROTECTED CLASSES IN EMPLOYMENT IN THE STATE OF OREGON

Race/Color
National Origin
Sex (includes pregnancy-related conditions)
Sexual Orientation
Gender Identity
Injured Worker status (retaliation/reinstatement issues)
Religion
Retaliation for engaging in protected activities (see below)
Association with a Protected Class
Age
Physical or Mental Disability
Marital Status
Family Relationship
Veteran's Preference

PROTECTED ACTIVITIES WE ENFORCE

Oregon Family Leave Act
Domestic Violence Leave
Leave to Serve in State Organized Militia
Basis of credit history (effective July 1, 2010)
Leave to Donate Bone Marrow
Leave to Serve in the State Legislature
Testifying before the State Legislature
Testifying at Employment Department Hearings
Opposing &/or Reporting Health or Safety Issues
Reporting Health Care Violations
Access to Employer-owned Housing
Use of Lawful Tobacco Products on Off-duty Hours
Right to File a Lawsuit, Testify in Criminal or Civil Proceedings or Report Criminal Activities
(Whistle blowing-Expanded)
Prohibition on Employer Requiring Medical Release unless Employer pays out of pocket costs.
Prohibition on Genetic Screening and Brainwave Testing
Prohibition on Polygraph Exams
Limits on Breathalyzer and Blood Alcohol testing
Expunged Juvenile Record
Garnishment of wages for child support

REQUIRED INFORMATION - YOU MUST COMPLETE EACH SECTION ON THIS PAGE

Describe your employment status. Choose *one* of the following rows unless you were applying for a vacant position at your current employer.

| | | | |
|--|---|---|--|
| Complete this row if you were discriminated against when you applied for a job or promotion | Position applied for: | Date applied: | Date informed you did not get the position: |
| Complete this row if you are a current or former employee | Job title: Date of hire: | Choose one: <input type="checkbox"/> still employed <input type="checkbox"/> fired <input type="checkbox"/> laid off <input type="checkbox"/> resigned | If you are no longer working for this employer, date when your job ended: |

I was subjected to an unlawful employment practice based on one or more of the following:

| | | |
|---|---|---|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Injured Worker (complete pg 5) |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sexual Orientation or Gender Identity |
| <input type="checkbox"/> Age | <input type="checkbox"/> Religion | <input type="checkbox"/> Oregon Family Leave (complete pg 8) |
| <input type="checkbox"/> Whistleblowing | <input type="checkbox"/> Disability (complete pg 7) | <input type="checkbox"/> Domestic Violence Victim (Complete Pg 9) |
| <input type="checkbox"/> Veterans Preference (Complete pg 10) | | |
| <input type="checkbox"/> Reporting or opposing a workplace health or safety hazard (OSHA) (complete pg 6) | | |
| <input type="checkbox"/> Other protected class _____ (See back of information page for a list of protected classes.) | | |

The first date I was discriminated against was: _____

The most recent date I was discriminated against was: _____

1. Briefly describe the harm(s) you are complaining about (e.g., termination, discipline, suspension, failure to hire or promote, harassment, reduction in hours, failure to reinstate):

2. What reason did your employer give for the action(s) you are complaining about?

3. Describe specifically what the employer did that you think was an unlawful employment practice based on the protected class or activity stated above. *Include the specific action that you think is unlawful, what happened, who did it, and why you think it was because of your protected class or activity.* Use additional pages if necessary.

Date: _____ **Harm:** _____

Description: _____

Date: _____ **Harm:** _____

Description: _____

Date: _____ **Harm:** _____

Description: _____

4. List the name(s) and contact information of anyone who has first-hand knowledge of the harm(s) you are alleging. List your best witness(es).

Witness Name: _____ Contact phone: _____

What did this person witness? _____

Witness Name: _____ Contact phone: _____

What did this person witness? _____

Witness Name: _____ Contact phone: _____

What did this person witness? _____

5. Was anyone else treated like you under the same conditions (e.g., disciplined by the same manager)? If so, give the person(s) name(s) and explain why you think they were treated that way.

6. Was anyone else treated differently than you under the same conditions (e.g., not disciplined by the same manager for doing the same thing you were disciplined for)? If so, give the person(s) name(s) and explain why they were treated differently.

FOR INJURED WORKER COMPLAINTS ONLY
(Employer must have 6 or more employees)

It is against the law to discriminate against or retaliate against an employee because the employee has been injured at work, reported a work related injury or filed a Workers' Compensation claim. In certain circumstances, employees may have rights to light duty work, and/or the right to return to their former job when fully released to do so. If you feel you were discriminated against because of a workplace injury, fill out this section.

If you are reporting more than one incident or date, copy and fill out a separate page for each.

Date of injury _____

Were you injured while performing your job? Yes No

Did you apply for Workers' Compensation? Yes No If yes, when? _____

The claim is currently: Accepted Denied Pending On Appeal Closed/Settled

If you did not file a Workers' Compensation claim, explain why not: _____

What is/was the diagnosis: _____

Were you taken off work? Yes No If yes, when were you off work? From: _____ To: _____

Do you have permanent restrictions due to your workplace injury? Yes No

If yes, what are they? _____

LIGHT DUTY RELEASE:

Were you released to work with restrictions? Yes No If yes, when? _____

What were your restrictions? _____

Did your employer have a vacant position that was suitable, based on your skills and restrictions? Yes No

Note: An employer is not required to create a job or modify your existing job because of a workplace injury.

If yes, what was the position? _____

Did you ask your employer for an available, suitable position? Yes No Date _____

Did your employer offer you a light duty position? Yes No Did you accept the position? Yes No

If no, did your employer place you on OFLA leave? Yes No

FULL DUTY RELEASE:

Date you were released to full duty without restrictions: _____

Did you ask for your job back? Yes No If yes, on what date? _____

Were you returned to the job you held at the time of injury? Yes No If yes, on what date? _____

If no, did your previous job still exist? Yes No

If yes, what reason did your employer give for not returning you to that job? _____

FOR OSHA RETALIATION COMPLAINTS ONLY

It is against the law to retaliate against an employee because s/he reported or opposed a workplace health or safety violation. If you have done so and think that your employer has retaliated against you because of it, fill out this section.

IMPORTANT: You MUST file a complaint with BOLI within 90 DAYS of the retaliatory act to have a valid claim.

This is not an OSHA claim. If you need to report a workplace health or safety violation, call OR-OSHA.

Was an Occupational Health and Safety Poster posted at your worksite? Yes No Don't Know

What was the health or safety hazard you complained about or opposed?

Did you complain to anyone at your workplace? Yes No If yes, date _____

If yes, what was that person's name and title? _____

If no, how did your employer know you had complained? _____

Did you contact OSHA about your concern? Yes No If yes, date _____

If yes, did OSHA investigate or issue a citation? Yes No If yes, date _____

Did you participate in an OSHA investigation? Yes No If yes, date _____

How did the employer retaliate against you for reporting or opposing the workplace health or safety hazard (be specific about date, what happened, and who did it)?

Date: _____ **Harm:** _____

Description: _____

Date: _____ **Harm:** _____

Description: _____

FOR DISABILITY DISCRIMINATION COMPLAINTS ONLY
(Employer must have 6 or more employees)

It is against the law to discriminate against employees because they have a protected disability. Also, in certain circumstances, employees with a protected disability may be entitled to reasonable workplace accommodation. If you feel your employer has violated a law related to this protected class, fill out this section.

AN INDIVIDUAL WITH A PROTECTED DISABILITY is a person who: (1) has a long-duration physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; (3) is regarded as having such an impairment; or (4) has a progressive illness as defined by OAR 839-006-1240.

(Please note: If you have been found disabled in a Workers' Compensation or Social Security claim, or as a disabled veteran, you are not necessarily covered by the laws prohibiting discrimination against disabled persons.)

What is/are your disability or disabilities? _____

Did you inform your employer of your medical condition? Yes No If yes, date _____

If yes, when did you inform them (e.g., time of hire, interview, date of diagnosis)? _____

If yes, who did tell about your disability or disabilities? _____

Did you give your employer medical documentation? Yes No If yes, when: _____

What major life activity/ies (e.g., walking, lifting, seeing, breathing, hearing) is/are substantially limited by your disability or disabilities? _____

How does this limit you, in comparison with an average non-impaired person in the general population?

Could you perform *all* the essential functions of your job without accommodation? Yes No

If no, could you perform all the essential functions of your job with accommodation? Yes No

Did you ask for accommodation to help to perform your job? Yes No

Who did you ask ? (name and title) _____

If yes, what accommodation did you ask for? _____

If no, do you think it was obvious to your employer that you needed accommodation? Yes No

Were you accommodated? Yes No If yes, what accommodation was provided? _____

FOR OREGON FAMILY LEAVE ACT (OFLA) CLAIMS ONLY

Generally, to qualify for OFLA leave an employee must be employed for an average of at least 25 hours per week during the 180 days immediately before the OFLA leave begins.

A woman on pregnancy disability leave does not have to requalify in order to take parental leave, and anyone taking parental leave does not have to requalify for subsequent sick child leave. Also, an employee who has qualified for intermittent leave or who has previously qualified for and taken some portion of OFLA leave does not have to requalify each time leave is taken for the same purpose. For the purpose of taking parental leave, an employee must only be employed by a covered employer for at least 180 days immediately preceding the date on which OFLA leave begins.

Does your employer employ 25 or more employees in the State of Oregon? Yes No

Had you worked for the employer for 180 days or more before taking or requesting leave? Yes No

During the preceding 180 days, had you worked an average of at least 25 hours per week? Yes No

When did you tell your employer that you planned to use OFLA? _____

How did you give notice (e.g. written, verbal), and to whom? Explain briefly: _____

What kind of OFLA leave did you use or plan to use (check one):

Your own serious health condition Sick child leave Parental leave
 A family member's serious health condition Pregnancy disability leave

Was the requested leave continuous or intermittent/repeated? _____

If the leave is/was for your own or a family member's serious health condition, what was the diagnosis?

Had you been off work for a compensable workplace injury before you took/requested leave? Yes No

Was your leave approved? Yes No If yes, when did your leave begin? _____ When did it end? _____

If no, what reason did your employer give you for denying your OFLA leave? _____

If you have returned from leave, were you returned to the job you held at the time your leave started? Yes No

If no, what reason did your employer give? _____

If no, did your job still exist? Yes No If no, was an equivalent position available? Yes No

If yes, were you placed in that position? Yes No If no, what reason did your employer give? _____

Has your employer retaliated against you for using or trying to use OFLA? Yes No If so, how? _____

OREGON VICTIM OF CERTAIN CRIMES LEAVE ACT (OVCCLA) CLAIMS ONLY

Victims of Domestic Violence, Stalking, and Sexual Assault

OVCCLA grants protected leave to victims of domestic violence, sexual assault and stalking when seeking help for themselves or their minor children or dependents. For purposes of taking OVCCLA, an employee must be employed by a covered employer for an average of at least 25 hours per week during the 180 calendar days immediately preceding the date OVCCLA leave begins.

It is your responsibility to maintain contact with the Civil Rights Division.

If you prefer, please provide CONTACT INFORMATION below:

Contact Name _____ Phone # _____

Address _____

Contact person name: _____ Contact phone number: _____

During the preceding 180 days, had you worked an average of at least 25 hours per week? Yes No

Does this employer have **6 or more** employees in the State of Oregon? Yes No

Are you or your minor child or dependent a victim of domestic violence, sexual assault or stalking? Yes No

When did you tell your employer you wanted to use the OVCCLA? _____

How and to whom did you give notice? _____

Was your leave approved? Yes No If no, what reason did your employer give for denying you leave?

Why did you want to take OVCCLA leave?

- Seek legal or law enforcement assistance
- Obtain services from a victim services provider
- Get counseling from a licensed mental health professional
- Get medical treatment or recover from injuries
- Relocate or make an existing home safe

First date of leave: _____ Last date of leave: _____ Continuing? _____

VETERAN'S PREFERENCE IN PUBLIC EMPLOYMENT ONLY

The State of Oregon requires that public employers grant a hiring or promotional preference to United States military veterans and an even higher preference to disabled United States military veterans under the provisions of ORS 408.230. If you feel you have been unlawfully denied hiring preference, fill out this section.

All Veterans:

Branch of service: _____ Dates of service _____

Type of discharge: _____ Date of discharge: _____

Did you serve in a combat zone? Yes No If yes, when and where? _____

Did you receive a combat or campaign ribbon for your military service? Yes No

Disabled Veterans:

Have you been designated as disabled by the Department of Veteran's Affairs? Yes No

Were you wounded in combat? Yes No If yes, when and were? _____

If yes, did you receive a purple heart? Yes No

Did you provide the employer with written documentation of your disability? Yes No

If not, reason: _____

Application information:

Did you apply for a promotion, or were you a new applicant? _____

Date you applied _____ Title of job you applied for _____

Was there a civil service test? Yes No If yes, did you successfully complete the test? Yes No

Test score: _____

If no, what method did the employer use to select the successful applicant? _____

Did you provide the employer with your military documentation? Yes No

Did you ask the employer to give you preference points? Yes No

If yes, who did you ask? (name and title) _____

If you were not selected for the job or promotion, did you request a written explanation? Yes No

If yes, did you receive a written explanation? Yes No