#### Office of the Chief Administrative Hearing Officer Complaint/Questionnaire Regarding Unfair Immigration-Related Employment Practices Last updated: September 23, 2013

Please read the directions carefully.

## Before you file a complaint/questionnaire with our office you must first have:

- ✓ filed a charge with the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) AND
- received a letter from OSC telling you that you may now file your own complaint with the Office of the Chief Administrative Hearing Officer (OCAHO).

Note: For a Yes or No question, you <u>must</u> check <u>either</u> Yes or No.

OSC's address and telephone numbers are listed on the last page of this questionnaire.

## Do you have an Attorney or other authorized representative: \_\_\_YES or \_\_\_NO?

If you answered YES please provide the following:

Name of Representative

Name of Business

Street Address

City State Zip Code

Phone Number

Fax Number

# PART I: General Information

(1) I filed a charge with OSC on / / /. Month Day Year

• Please attach <u>five</u> copies of the charge document that you filed with OSC to this complaint/questionnaire.

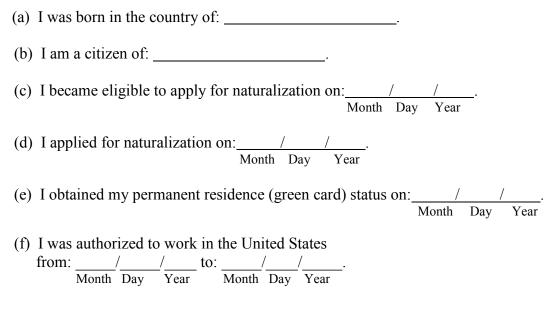
(2)	I received a letter from OSC on	,	/	/	telling me that I can now file my
		Month	Day	Year	
	own complaint with OCAHO.				

• Please attach <u>five</u> copies of the letter you received from the OSC to this complaint/questionnaire.

(3)	My name is:					
	-	Firs	st /	Middle	/	Last
	Other names us	ed:				
	Sex (Circle):	Male or	Female			
	My address is:					
				Street Address		
		City		State		Zip Code
	My telephone r	umber is:				
			Home	Cell		Fax

# FOR QUESTION (4) CHECK ONLY ONE

- (4) I am a/an:
  - \_\_\_\_ United States Citizen or National, or
  - \_\_\_\_ Alien Lawfully Admitted for Permanent Residence (Green Card holder), or
  - \_\_\_\_ Alien authorized to work in the United States, or
  - \_\_\_\_\_ Alien who is not work authorized now, but who was authorized to work in the United States at the time of the alleged discrimination.
  - If you are a United States Citizen or National, go to question (6)
  - If you are not a United States Citizen or National, please answer questions (a) through (f), where appropriate.



- (5) I have been discriminated against because of my national origin: YES or NO.
- (6) I have been discriminated against because of my citizenship status: YES or NO.

#### FILL IN THE BLANKS

(7) The business or employer who I claim discriminated against me is:

Name		
Street Address		
City	State	Zip Code
Phone		
Fax		
Business Attorney	or authorized repre	esentative
Street Address		
City	State	Zip Code
Phone	Fax	

(8) Other addresses used by the business/employer are:

Street Address		
City	State	Zip Code
Phone		
Fax		

(9) Where did the violation take place?

City State

## PART II: Knowingly and Intentionally Not Hired 8 U.S.C. § 1324b(a)(1)

- (1) I was knowingly and intentionally not hired: YES or NO.
  - If you answered *NO* to question (1), go to Part III.
  - If you answered *YES* to question (1), finish the rest of Part II.
- (2) I applied for work at the business/employer on: / //. Month Day Year.
- (3) The job was (describe duties):

(4) I was qualified for the job and the business/employer was looking for workers: \_\_YES or \_\_NO.

## FOR QUESTION (5) CHECK ONLY ONE

- (5) I was not hired because of my:
  - \_\_\_\_ citizenship status, or
  - \_\_\_\_ national origin, **or**
  - \_\_\_\_\_ citizenship status AND national origin.

(6) List other reason(s), if any, you were not hired:

(7) After I was not hired, the job remained open and the business/employer continued taking applications from other people with my qualifications: YES or NO.

## Note: Your answer to question (8) will not affect your right to continue with your complaint.

(8) I want to be hired by the business/employer: YES or NO.

## PART III: Knowingly and Intentionally Fired 8 U.S.C. § 1324b(a)(1)

- (1) I was knowingly and intentionally fired: YES or NO.
  - If you answered *NO* to question (1), go to Part IV.
  - If you answered *YES* to question (1), finish the rest of Part III.

# FOR QUESTION (2) CHECK ONLY ONE

- I was fired because of my:
  \_\_\_\_\_\_citizenship status, or
  \_\_\_\_\_\_national origin, or
  \_\_\_\_\_\_citizenship status AND national origin.
- (3) List other reason(s), if any, you were fired:

(4) I was fired on: /// . Month Day Year.

(5) I was qualified for the job but was fired anyway:\_\_YES or \_\_NO.

(6) Although I was fired, other workers in my situation with different nationalities or citizenship were not fired: YES or NO.

# Note: Your answer to question (7) will not affect your right to continue with your complaint.

(7) I want to be rehired by the business/employer: YES or NO.

## PART IV: Intimidated, Threatened, Coerced or Retaliated Against 8 U.S.C. § 1324b(a)(5)

- (1) I was intimidated, threatened, coerced, or retaliated against because I filed or planned to file a complaint: YES or NO.
- (2) I was intimidated, threatened, coerced, or retaliated against to keep me from helping someone else who filed or planned to file a complaint: YES or NO.
- (3) I was intimidated, threatened, coerced, or retaliated against to keep me from testifying, assisting or participating in any manner in an investigation, proceeding, or hearing:\_\_\_\_\_YES or \_\_\_\_NO.
  - If you answered *NO* to questions (1) and (2) and (3), go to Part V.
- (4) Explain what happened to you:

## *PART V: Documentation* 8 U.S.C. § 1324b(a)(6)

- (1) The business/employer refused to accept the documents that I presented to show that I can work in the United States: YES or NO.
  - If you answered *NO* to question (1), go to question (3).

	usiness/employ show that I am				nt docume	ents than th	1. / 1
			to work	in the Unite	ed States:		
	• If you	answered <i>l</i>	NO to que	estion (3), g	go to Part	VI.	
Pleas	e list the docum	ents the bu	siness/en	nployer req	uested:		
	Relief Requeste	1					

(2) Please list the documents that the business/employer refused to accept:

The remedies listed below may be available to you. Please check YES OR NO for EACH question.

- (1) I want back pay: YES or NO.
  - (a) I want back pay from <u>Month</u> / / <u>Year</u>
- (2) I want to be rehired: YES or NO.
- (3) I want a false performance review or false warning removed from my personnel file: \_\_\_\_YES or \_\_\_\_NO.
- (4) I want restrictions on my assignments, work shifts or movements removed: \_\_\_\_YES or \_\_\_\_NO.

## PART VII: Conclusion

I respectfully request that:

OCAHO serve the Complaint and Notice of Case Assignment on the Respondent and assign an Administrative Law Judge (ALJ) to consider the complaint and to preside at a proceeding as soon as practicable; and the ALJ grant the relief available to me as specified in section 68.52 of Title 28 of the Code of Federal Regulations.

# YOU MUST SIGN AND DATE THIS COMPLAINT/QUESTIONNAIRE BELOW.

SIGN: \_\_\_\_\_

DATE: //// Month Day Year

#### Remember, you <u>must</u> send us:

- ✓ an <u>original</u> and <u>four</u> copies of this complaint/questionnaire, <u>each</u> with an <u>original</u> signature;
- ✓ <u>five</u> copies of the Charge document that you filed with OSC; and
- $\checkmark \qquad \underline{five} \text{ copies of the letter you received from OSC.}$

## PLEASE RETURN THIS FORM TO

United States Department of Justice Executive Office for Immigration Review Office of the Chief Administrative Hearing Officer 5107 Leesburg Pike, Suite 2519 Falls Church, VA 20530

# **CONTACT INFORMATION**

If you need to contact OSC, you can write to them at:

U.S. Department of Justice Civil Rights Division Office of Special Counsel for Immigration-Related Unfair Employment Practices 950 Pennsylvania Avenue, NW OSC, NYA 9000 Washington, DC 20530

For more information, call the OSC Worker Hotline at 1-800-255-7688 (toll free) or 1-800-237-2515 (TDD device for the hearing impaired).

For questions about Title VII of the Civil Rights Act of 1964, please contact the Equal Employment Opportunity Commission by calling 1-800-669-4000 (toll free) or 1-800-669-6820 (TDD device for the hearing impaired).

For questions about this form, call the Office of the Chief Administrative Hearing Officer (OCAHO) at 703-305-0864.