

INTAKE QUESTIONNAIRE EEOC USE ONLY

PCP sent packet on _____ Date of Inquiry _____ Initials of Person or Contact _____
Date of Appointment _____ Time: _____ To be returned to: _____ or assigned to: _____

This form is affected by the Privacy Act of 1974; see Privacy Act Statement on Page 5 before completing this form.
Please answer the following questions, telling us briefly why you believe you have been discriminated against in employment. An officer of the EEOC will review the information you provide and determine whether or not your allegations warrant a charge being filed.

IF YOU HAVE ALREADY FILED WITH A STATE OR LOCAL FAIR EMPLOYMENT PRACTICES AGENCY, IT IS NOT NECESSARY THAT YOU FILE AGAIN WITH EEOC. IF YOU ARE COMPLAINING ABOUT SOMETHING THAT HAPPENED OVER 300 DAYS AGO, STOP AND ASK TO SPEAK TO AN INTAKE OFFICER BEFORE PROCEEDING.

(PLEASE PRINT)

Name _____ Date _____
(First) (Middle Initial) (Last)

Address _____
(City) (State) (Zip Code) (County)

Telephone No. (including area code) _____ (home) _____ (work) _____

I prefer to be contacted at: () Home () Work Day(s) _____ Time(s) _____

Your Date of Birth: _____ Social Security Number _____

YOUR SEX: () Male () Female

YOUR RACE: () Black () White () Asian/Pacific Islander () American Indian

() Alaskan Native () Other _____

National Origin: () Mexican () Hispanic () East Indian () Other _____

Please provide the name of a person at a different address whom we can contact if you are unable to be reached:

Name	Relationship	Telephone No.
Address	City	State Zip

I believe I was discriminated against by: (Check those that apply)

() Employer () Union Local No. _____ () Employment Agency () Other (specify) _____

Employer:

Name: _____
Address: _____
City/State/Zip _____
County _____ Telephone _____
Approx. Number of Employees _____
Type of Business _____

If another employer or union is involved:

Name: _____
Address: _____
City/State/Zip _____
County _____ Telephone _____
Approx. Number of Employees _____
Type of Business _____

Name, address, telephone number and title of your representative or attorney, if any?

Have you filed a charge of discrimination with the Minnesota Department of Human Rights or the Minneapolis Department of Civil Rights or any other state or local fair employment agency? ____ Yes ____ No If "yes", tell us the following details:

Name of Agency _____

Date Charge Filed with that Agency _____ Charge Number _____

What action has been taken, and did you receive any relief? (Please describe) _____

Your Employment Data: (complete as many items as you can)

Date hired _____ Job Title & Salary when hired _____

Job Title & Salary at Time of Discrimination: _____

Name and Job Title of Immediate Supervisor: _____

Provide name of person(s) in charge of Human Resources or Employee Relations _____

Is there a union? () No () Yes – Name of union, local number, address and telephone number, name of union representative and/or business agent: _____

Have you filed a union grievance? () No () Yes. Give present status or summarize the final outcome, if process has been completed. _____

FOR THOSE ACTIONS THAT YOU WISH TO INCLUDE IN THE CHARGE:

1. The earliest date of discrimination is: (month, day, year) _____

2. The most recent date discrimination occurred is: (month, day, year) _____

3. Identify by name and job title the individual(s) you believe discriminated against you:

4. You believe that the cause of the action(s) taken against you was/were based upon:

() Race () National Origin () Sex () Religion (specify) _____

() Color () Age (over 40) () Pregnancy () Equal Pay

() Retaliation: Filed a previous charge (charge no. _____)

() Retaliation: Opposed unlawful employment practices, describe briefly: _____

() Disability (specify name of disability and describe symptoms briefly) _____

5. Did you file a Workers' Comp. Claim for your disability?
 _____ No _____ Yes Date file: _____
6. I believe I was discriminated against by being (check and date [month/day/year] only those that apply):

<u>Terminated</u>	<u>Denied</u>	<u>Treated Differently</u>
Date:	Date:	Date:
_____ () Fired	_____ () Hire	_____ () Harassed based on _____ (race, sex, age, etc.)
_____ () Laid Off	_____ () Promotion	_____ () Sexual Harassment
_____ () Forced to Quit/Resign	_____ () Transfer	_____ () Demoted
_____ () Forced to Retire	_____ () Recall from Layoff	_____ () Disciplined
_____ () Resigned	_____ () Reinstatement	_____ () Maternity Leave
	_____ () Maternity Benefits	_____ () Suspended
	_____ () Religious Accommodation	_____ () Wages
	_____ () Accommodation for Disability	

Other action not listed above: _____

(For each block checked above, provide a detailed explanation on page 5 under additional comments, including the dates each incident occurred and names and titles of those persons involved)

7. What reason(s) was/were given by the employer for the actions taken against you?

State the specific reasons you believe the action(s) taken against you was/were the result of discrimination:

Do you know of any other reasons which may have led to the actions taken against you (for example, poor performance, absenteeism, insubordination, etc.)?

8. Indicate any direct evidence (statements or documents) which would help prove what you are saying (submit copies if you have them): _____

9. During your employment with the Respondent, did you receive a performance review? If so, at what level were you rated and when was your most recent review? (Above average, average or below average) _____

10. List those persons who were treated the same, more favorably or less favorably than you:

NAME	JOB TITLE	SEX, RACE, OTHER BASIS TREATMENT	DIFFERENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. List those witnesses you think can provide evidence in support of your charge:

NAME & ADDRESS	TELEPHONE HOME/WORK	INFORMATION WITNESS CAN PROVIDE (IN DETAIL)
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____

12. Have you attempted to resolve your problem by discussing the matter with someone in management? () Yes () No If so, provide the name and title of the person(s) and state what happened and the date(s). _____

13. If terminated, have you applied for unemployment insurance: () Yes () No
Were you awarded unemployment benefits: () Yes () No If so, when? _____
_____ If not, why not? _____
If your employment was terminated, who replaced you? _____

14. REFUSAL DATA (If refused hired, promotion, transfer, salary increase, etc.)
Title of job sought _____ Salary of job sought \$ _____
How did you know about the job and/or salary _____
Did you apply by written application or verbally _____
When and to whom did you submit the application _____ Date _____
How and when did you find out you had been refused _____ Date _____
Who got the job, promotion, salary, etc. _____

15. Because we need to make a rough estimate of the money (if any) which you lost because of the action taken against you, please list below the jobs you have held since this action was taken against you:

(a) Name of Employer _____
Starting Date _____ Ending Date _____
Salary/Wages \$ _____ Per hour (# of hours) _____ Per week month year (circle one)

(b) Name of Employer _____
Starting Date _____ Ending Date _____
Salary/Wages \$ _____ Per hour (# of hours) _____ Per week month year (circle one)

(c) Name of Employer _____
Starting Date _____ Ending Date _____
Salary/Wages \$ _____ Per hour (# of hours) _____ Per week month year (circle one)

