

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN RIGHTS AND LOCAL BUSINESS DEVELOPMENT

PRE-COMPLAINT QUESTIONNAIRE

EMPLOYMENT

THE INFORMATION REQUESTED ON THIS FORM WILL ALLOW US TO ASSIST YOU. THERE IS NO GUARANTEE THAT THE INFORMATION SUBMITTED WILL CONSTITUTE A BASIS FOR FILING A COMPLAINT.

**Please complete the following questionnaire completely to the best of your knowledge.
Be specific as possible in describing your allegations.**

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Date completed _____

Name _____
Last First Middle

Address _____
Street Apt/Unit No.

City State Zip Code Ward (DC) or County (MD or VA)

Telephone _____ (Work) _____ (Home)
_____ (Fax)

Please contact me at ___ work ___ home.

Person to contact if you cannot be reached:

Name _____ Telephone _____

Address _____

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**I WISH TO COMPLAIN AGAINST:
NAME OF EMPLOYER/CORPORATE ENTITY:**

Address _____

City State Zip Code

Name and title of President/Principal Officer/Owner/Human Resources Manager

_____ Telephone number _____

Number of employees in the District of Columbia _____

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The following information must be provided for record keeping purposes by all Complainants:

Social security number ___/___/_____ Date of birth ___/___/___ Sex ___ M ___ F

Race/ethnic origin _____

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Please mark the basis/protected class below which is the subject of your complaint:

Race Sex Age Color National Origin
 Religion Disability Marital Status Matriculation
 Personal appearance Sexual orientation Family responsibilities
 Political affiliation Retaliation

How do you feel that that you were treated differently:

Terminated Denied employment Denied promotion
 Sexual harassment Other forms of harassment

Are you presently employed? Yes No. If yes, date hired _____

Salary _____ Title at time of hire _____

If no, date terminated or denied employment _____

Date(s) of alleged violations (i.e., suspensions, denial of promotion, AWOL, LWOP)

Job title and salary at the time of the alleged violation: _____

If denied employment or a promotion please list the position(s) for which you applied

What is the name of your immediate supervisor? _____

Describe in detail the job action that you believe was discriminatory (i.e., task assignments, performance evaluations, training opportunities, employment benefits), listing the dates and the officials/management involved.

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If you are claiming disability discrimination, please describe in detail the nature of your disability and if it applies, whether an accommodation was requested of your employer. List the date and the individual you notified of your disability.

Has the Respondent/employer treated you more harshly with respect to your employment than other persons who perform the same or similar work? If yes, please list the names, title and protected group of these persons.

REFERRAL DATA:

If you have an attorney please provide the following information:

Name: _____ **Telephone/Fax:** _____
Address: _____

Please indicate how you were referred to this agency i.e., friend/co-worker, EEOC, HUD, telephone book, brochures published by the agency.

- **D.C. Government Employees Only**

Have you filed an informal complaint with an EEO Counselor? Yes ___ No ___

Counselor's Name _____

Agency _____

Date of exit letter _____

Counselor's telephone number _____