Washington State Human Rights Commission

Employment Supplemental

Please answer the following questions related to your employment and return with your "Complaint Questionnaire"

"Please be advised that by completing this form and returning it, you have not filed a formal complaint as required under RCW 49.60. Upon receipt of your completed form, Commission staff will review your complaint and contact you to finalize the process".

*First Name: _____ *Last Name: _____

1. Date of Hire: _____

2. Title of the position you last held with your employer: _____

3. Your supervisor(s) name(s) and title(s): _____

4. The shift you worked and the wage you earned: _____

5. Was the unfair treatment you allege based on your membership in one or more of the following protected classes: [please check the appropriate box(s)]

☐ Race/Color ☐ Age (40+) **If Age**, Date of Birth _____ ☐ Disability ☐ Creed

☐ Sex ☐ Marital Status ☐ National Origin ☐ HIV ☐ Sexual Orientation/Gender Identity

☐ Opposition to a discriminatory practice (retaliation) ☐ Filed a whistleblower complaint with the State Auditor's Office

☐ Reported patient abuse in a nursing home or testified in a judicial proceeding regarding the same

6. If you checked disability or creed, please identify your disability or your creed: _____

7. Please indicate the most recent date of unfair action based on your memebership in a protected class: _____

7a. Please check the applicable unfair action you experienced:

☐ Failure to accommodate a disability ☐ Unequal Pay ☐ Harassment ☐ Sexual Harassment ☐ Reprimand

☐ Hostile work environment based on sex ☐ Suspension ☐ Layoff ☐ Termination

☐ Opposition to a discriminatory practice (retaliation) Date Terminated: _____

☐ Retaliation for filing a whistleblower complaint with the State Auditor's Office

☐ Retaliation for reporting or testifying in a judicial proceeding regauding patient abuse in a nursing home

☐ Other unfair action: _____

Current Date _____

8. The reason your employer gave (or wouldn't give) for the unfair action:

9. Identify the person(s) who allegedly discriminated against you:

Name	Job Title	Protected Class

10. Coworkers who were treated similarly:

Name	Job Title	Protected Class

11. Coworkers who were treated differently:

Name	Job Title	Protected Class

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Please print a copy for your records, and a copy to mail in with your completed Complaint Form. Then click the Submit by Email button to send an electronic copy.

Submit by Email

Current Date