WASHINGTON STATE HUMAN RIGHTS COMMISSION

Employment INTAKE QUESTIONNAIRE

Telephone: (360) 753-6770 | FAX: (360) 586-2282 | Statewide Toll Free: (800) 233-3247 | TTY: (360) 586-2585

PLEASE NOTE, BEFORE YOU PROCEED:

The Washington State Human Rights Commission has no jurisdiction over employers with fewer than 8 employees, Native American tribes, the federal government, claims in which the unfair action took place outside of Washington, claims in which the last date of harm occurred more than 6 months prior to the filing date of this complaint (or more than 2 years prior in a state employee whistleblower retaliation claim), or retaliation claims that are outside the scope of our authority. Your complaint will NOT be accepted for investigation if it falls into one of the exceptions above, or does not meet the jurisdictional requirements of RCW 49.60. If your complaint meets the jurisdictional requirements, please complete the entire form. If you require reasonable accommodation to fill out this form please contact us a 1-800-233-3247.

Mail To: Washington State Human Rights Commission

711 South Capitol Way, Suite 402, P.O. Box 42490 Olympia, WA 98504-2490

Please Print

(Answer all questions as completely as possible. If you **do not know the answer** to a question, fill in blank with "**not known**". If a question **does not apply**, fill in blank with "**n/a**".) **Limit attachments to only the requested information. You will have an opportunity later to provide additional documents if necessary.**

1). Personal Information:

Last Name ____________________ First Name ____________________ MI _____

Street /Mailing Address ______________________________ Apt. or Unit # ______

City ____________________County ____________ State ____________Zip ______________

Phone: Home (__)__________________ Work (_____)__________________ Cell (_____)____________________

Email address ____

Date of Birth ____________________ Gender ____________________ Do you have a disability? Yes ____ No____

Please answer each a) and b) below:

a) Are you . . . ? (Check all that apply)

☐ Hispanic ☐ Caucasian ☐ American Indian ☐ Black ☐ Native Hawaiian

☐ Latino ☐ Asian ☐ Alaskan Native ☐ African-American ☐ Pacific Islander

b) What is your National Origin (country of origin or ancestry)? ____

____

Please provide a name of a person who **does not live with you** so we may contact them on your behalf if we are unable to contact you.

Name ____ Relationship ____________________

Address ______________________________ City ____________________State________________

Zip ______________ County ______________ Contact: Phone ____________ email ______________________

2). I believe I was discriminated against by the following organization(s): (Check all that apply)

☐ Employer ☐ Union ☐ Employment Agency ☐ Other: (please specify)______________________

If the organization is an employer, provide the ***address where you actually worked***.
If you work from home, check here ___ Provide the address of the office to which you reported*.
Please fill out a separate Intake Questionnaire for each Organization involved.

Organization name ____

Address ____________________________ City ______________ State __________

County ____________________ Zip __________ Phone (_____) ________________

Type of Business ____

*Job Location if different from Organization's address ____________________

Human Resources Director or Owner Name ____________________

Phone (_____) ________________

Number of employees in the organization at all locations: (Please check only one.)

☐ Less than 8 ☐ 8-14 ☐ 15-100 ☐ 101-200 ☐ 201-500

3). Your Employment Data: (Complete as many items as you can.)

Are you a Federal Employee? ☐ Yes ☐ No

Are you a State Employee? ☐ Yes ☐ No

Date Hired:____________ Job Title at Hire: ________________________

Job Title at Time of Alleged Discrimination: ____________________

Do you still work for this Employer? ☐ Yes ☐ No

If No, please check . . . . ☐ Quit ☐ Discharged ☐ Laid Off Date____________

Pay Rate When Hired:________________Last or Current Pay Rate: ______________

Name and Title of Immediate Supervisor: ________________________

If Job Applicant, Date You applied for Job: __________ Job Title applied for: ______________

4). What is the reason (Basis) for your claim of discrimination? *For example*: If you feel that you were treated unfairly because of race, you should check the box next to "**Race**". If you feel you were **treated unfairly for several reasons**, such as your gender, religion, and/or national origin, you should check **all that apply.** If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was taken, you should check the box next to "**Retaliation**".

☐ Age ☐ Color (skin shade) ☐ Creed/Religion

☐ Gender ☐ National Origin ☐ Disability

☐ Sexual Orientation/Gender Identity ☐ Race ☐ Veteran status

☐ Marital status ☐ Pregnancy ☐ HIV/Hep C status

☐ State Employee Whistleblower Retaliation ☐ Retaliation

If you checked **Color, Religion** or **National Origin,** please specify:____________________

If you filed a Washington State Employee Whistleblower complaint, answer the next three questions:

When did you file? ______________________________ What was the Issue? ______________________________

With whom did you file the Whistleblower complaint?______________________________

5). What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and names and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed, using this same format. (Example: 10/2/2015 - discharged - Mr. John Doe, Production Supervisor.)

a. Date: ____________________ Action: ______________________________

____

Name and Title of Person(s) Responsible:______________________________

b. Date: ____________________ Action: ______________________________

____

Name and Title of Person(s) Responsible:______________________________

6). Why do you believe these actions were discriminatory?

____

____

7). What reason(s) were you given for the acts you consider discriminatory?

____

By Whom?______________________________ His or her job title:______________________________

8). Describe if there was anyone in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance. Provide the protected class, such as their race, sex, age, national origin, religion, disability, etc. of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if your complaint alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed, using this same format.

a. Of the persons in the same or similar situation as you, who was treated *better* than you?

Full Name:______________________________

Protected Class(es) (see section 4, page 2)______________________________

Description of treatment: ______________________________

Full Name: ______________________________

Protected Class(es) (see section 4, page 2) ______________________________

Description of treatment: ______________________________

b. Of the persons in the same or similar situation as you, who was treated *worse* than you?

Full Name:______________________________

Protected Class(es) (see section 4, page 2)______________________________

Description of treatment:______________________________

Full Name:______________________________

Protected Class(es) (see section 4, page 2)______________________________

Description of treatment:______________________________

c. Of the persons in the same or similar situation as you, who was treated the *same as* you?

Full Name:______________________________

Protected Class(es) (see section 4, page 2)____________________

Description of treatment: ____________________

Full Name:____________________

Protected Class(es) (see section 4, page 2)____________________

Description of treatment: ____________________

⟵ **Answer questions 9-11 only if you are claiming discrimination based on *disability*. If not, skip to question 13.** ⟶

9). Please tell us if you are a person with a disability.

Check all that apply:

☐ Yes, I am a person with a disability.

☐ I am not a current person with a disability, but I was previously.

☐ No disability, but the organization believes I am a person with a disability.

10). What is the disability? ____________________

Does this disability prevent or limit your from doing anything? (For example: lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

____

11). Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability? ☐ Yes ☐ No

If "yes", what medication, medical equipment or other assistance do you use? ____________________

____

12). Did you ask your employer for any changes or assistance (reasonable accommodation) to do your job because of your disability? ☐ Yes ☐ No

If "yes", when did you ask? __________ How did you ask? (verbally or in writing) __________

Who did you ask? (Provide full name and job title of person)____________________

Describe the changes or assistance that you asked for:____________________

____

How did your employer respond to your request? ____________________

13). Are there any witnesses to the alleged discriminatory incident(s)? If yes, please identify them below and tell us what information they have about the discrimination. (Please attach additional pages to complete your response).

a. Full Name: ____________________ Relationship:__________

Contact: Phone____________________ Email: ____________________

Address:____________________ City __________State__________

What information does this person have? ____________________

b. Full Name: ____________________ Relationship:__________

Contact: Phone____________________ email: ____________________

Address:____________________ City __________State __________

What information does this person have? ____________________

14). Have you already filed a complaint in this matter? ☐ Yes ☐ No

Provide name of agency and the date of filing: ______________________________

Results? (if any) ______________________________

15). Have you sought help about this situation from anyone? ☐ Yes ☐ No
(such as, an attorney, advocate, or other source)

Provide name of organization/person you have contacted for help and date of contact: ______________

Results? (if any) ______________________________

16). How did you hear about us? ______________________________

____

This is the end of the Intake Questionnaire. Please review all pages.

If you need more information before filing a charge or you have concerns *about the Washington State Human Rights Commission* ***notifying*** *the entity about your charge, you may wish to check* **BOX 1**.

To file a charge NOW, check **BOX 2.**

Check only one box!

BOX 1

☐	**I want to talk with a Washington State Human Rights Commission Investigator before deciding whether to file a charge.** I understand that by checking this box I have ***not*** filed a charge with WSHRC. I also understand that I could lose my rights if I do not file a charge within 6 months of the date of the discriminatory action.

BOX 2

☐	**I want to file a charge of discrimination. I authorize the WSHRC to look into the discrimination I described in this Intake Questionnaire.** I understand the entity that I accuse of discrimination will receive information about the charge, including my name. I also understand that the WSHRC can only accept charges of discrimination based on race, color, religion, sex, national origin, disability, age, sexual orientation /gender identity, veteran status, marital status, HIV/Hep C status and retaliation for opposing discrimination or state whistleblower retaliation. I understand that the Washington State Human Rights Commission has no jurisdiction over employers with fewer than 8 employees, Native American tribes, the federal government or retaliation claims outside our authority. The WSHRC has no jurisdiction over claims in which the harm took place outside of Washington or in which the last date of harm occurred more than 6 months prior to the filing date of this complaint or more than 2 years prior in the case of a state employee whistleblower retaliation claim. I understand that if my claim does not meet jurisdictional requirements, it will not be accepted for investigation and that there will be no follow-up on this inquiry from the Washington State Human Rights Commission (WSHRC).

I declare under penalty of perjury under the laws of the State of Washington that I have read the foregoing and that it is true and correct.

______________________________ ______________

Complainant's Signature Today's Date