WASHINGTON STATE HUMAN RIGHTS COMMISSION
EMPLOYMENT PRE-CHARGE INQUIRY

Local: 360.753.6770 | Toll Free: 1.800.233.3247
Fax: 360.586.2282

For Official Use Only
Inquiry #:
Date Received:
Reviewed By:

The Washington State Human Rights Commission has no jurisdiction over:
employers with LESS 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 ago
(or more than 2 years prior in a state employee whistle-blower 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.

The statute of limitations for filing is 6 months from the date of harm. Unless it is a:
State Employee Whistleblower Retaliation Complaint - You must file within 2 years from the date of harm
Pregnancy Complaints - You must file within 1 year from the date of harm

This Pre-Charge Inquiry is NOT a Charge of Discrimination.

Answer all questions completely and please write clearly. If you require assistance in completing this form as a reasonable accommodation, please contact us at 1.800.233.3247 or at frontdesk@hum.wa.gov.

After completing this Pre-Charge Inquiry, return it immediately to:
711 S. Capitol Way, Suite 402 PO BOX 42490
Olympia, WA 98504-2490

Incomplete inquiries will NOT be accepted.

☐ **CHECK HERE IF YOU HAVE ALREADY FILED A COMPLAINT WITH ANOTHER AGENCY**

PERSONAL INFORMATION

First Name: _____ MI ____ Last Name: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Sex/Gender: _____

Mailing Address: _____ Apt/Unit #: _____

City: _____ County: _____ State: ____ Zip Code: _____

What is the best way to reach you? _____

What are the best days and times to reach you? _____

WHO DO YOU THINK DISCRIMINATED AGAINST YOU?

☐ Employer ☐ Union ☐ Employment Agency ☐ Other Organization

Organization Name:

Provide address location of where you work(ed) or applied to work:

Physical Address: Suite:

City: County: State: Zip Code:

Mailing Address (if different from above):

Mailing Address: Suite:

City: County: State: Zip Code:

Name of Human Resources Director or Owner:

E-Mail: Phone:

How many employees (estimated) does the organization have at all locations? Check one:

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

WHY DO YOU THINK YOU WERE DISCRIMINATED AGAINST?

☐ Age (40 or older) - Age at the time of the adverse employment action:

☐ Race - ☐ National Origin -

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

☐ HIV/Hep C Status ☐ Citizenship / Immigration Status

☐ Sex (including pregnancy) ☐ Veteran Status

☐ Gender Identity/Sexual Orientation ☐ Marital Status

☐ Disability - Check all that apply

- ☐ I have a disability - the disability involved
- ☐ I had a disability in the past.
- ☐ I don't have a disability but I am treated as if I have a disability.

Is your employer aware of your condition? ☐ Yes ☐ No

If yes, how?

☐ State Employee Whistleblower Retaliation/Other Retaliation

Have you filed a whistleblower complaint with another agency?

If yes, when? What was the issue?

☐ Retaliation - Check all that apply:

- ☐ I filed a charge of job discrimination about any of the above.
- ☐ I contacted a government agency to complaint about job discrimination.
- ☐ I complained to my employer about job discrimination.
- ☐ I helped or was a witness in someone else's complaint about job discrimination.

WHAT IS YOUR JOB, PREVIOUS JOB, OR THE JOB YOU APPLIED FOR?

Date Hired: _____ Job Title at Hire: _____

Annual Pay Rate When Hired: _____ Last or Current Annual Pay Rate: _____

Job Title at Time of Alleged Discrimination: _____

Date your employment ended: _____ ☐ Quit ☐ Discharged / Laid Off

Name and Title of your Immediate Supervisor: _____

Job Applicants - What was the title of the job you applied for: _____

Date you applied: _____ Date you found out you were not hired: _____

WHAT HAPPENED TO YOU THAT YOU THINK WAS DISCRIMINATORY? WHEN DID IT HAPPEN?

EXAMPLES: I was denied an accommodation I needed to perform my job; I was fired because I was pregnant; I was laid off because of my age. State the dates the action happened.

Date: _____ Action: _____

_____

Date: _____ Action: _____

_____

WHAT REASON(S) WERE YOU GIVEN FOR THIS JOB ACTION?

Name of Person(s) Responsible: _____

Reason(s): _____

_____

Who told you this? _____ Their Job Title: _____

WAS ANOTHER PERSON IN THE SAME OR SIMILAR SITUATION TREATED THE SAME, BETTER, OR WORSE THAN YOU?

EXAMPLES: Who else applied for the same job? Who else had the same attendance record?

WHO WAS TREATED BETTER THAN YOU?

Name: _____ Job Title: _____

Phone / E-Mail: _____

Check how they are different from you:

☐ Race ☐ Religion ☐ National Origin ☐ Age ☐ HIV/Hep C Status ☐ Sexual Orientation

☐ Color ☐ Disability ☐ Veteran Status ☐ Sex ☐ Gender Identity ☐ Martial Status

☐ Citizenship / Immigration Status ☐ Other _____

How were they treated better? _____

_____ Date: _____

WHO WAS TREATED WORSE THAN YOU?

Name: Job Title:

Phone / E-Mail:

Check how they are different from you:

☐ Race ☐ Religion ☐ National Origin ☐ Age ☐ HIV/Hep C Status ☐ Sexual Orientation
☐ Color ☐ Disability ☐ Veteran Status ☐ Sex ☐ Gender Identity ☐ Martial Status
☐ Citizenship / Immigration Status ☐ Other

How were they treated worse?

Date:

WHO WAS TREATED SAME AS YOU?

Name: Job Title:

Phone / E-Mail:

Check how they are different from you:

☐ Race ☐ Religion ☐ National Origin ☐ Age ☐ HIV/Hep C Status ☐ Sexual Orientation
☐ Color ☐ Disability ☐ Veteran Status ☐ Sex ☐ Gender Identity ☐ Martial Status
☐ Citizenship / Immigration Status ☐ Other

How were they treated the same?

Date:

ARE THERE ANY WITNESSES TO ANY OF THE JOB ACTIONS TAKEN AGAINST YOU? IF YES, PLEASE PROVIDE THEIR CONTACT INFORMATION AND TELL US WHAT THEY WILL SAY.

Name: Job Title:

E-Mail: Phone:

What will they tell us?

Name: Job Title:

E-Mail: Phone:

What will they tell us?

WHO CAN WE CONTACT IF WE ARE UNABLE TO REACH YOU?

Name: Relationship:

Mailing Address: Apt/Unit #:

City: County: State: Zip Code:

E-Mail: Phone:

HAVE YOU ALREADY FILED A CHARGE ON THIS MATTER WITH THE WASHINGTON STATE HUMAN RIGHTS COMMISSION?

☐ Yes ☐ No If yes, date you filed: _____ Charge Number: _____

HAVE YOU ALREADY FILED A COMPLAINT ON THIS MATTER WITH ANOTHER AGENCY?

☐ Yes ☐ No If yes, agency name: _____

If yes, date you filed: _____ Complaint Number: _____

IF YOU HAVE SOMEONE REPRESENTING YOU IN THIS MATTER, PLEASE PROVIDE US WITH THEIR CONTACT INFORMATION.

☐ Attorney ☐ Union ☐ Other _____

Name: _____ Date of Contact: _____

E-Mail: _____ Phone: _____

ADDITIONAL COMMENTS

Is there anything else we should know? _____

Key Points:

You must file a charge of job discrimination within 6 months from the date of the alleged discrimination.

This Employment Pre-Charge Inquiry is NOT a charge of discrimination.

We recommend that you keep a copy of your completed Pre-Charge Inquiry for your records.

KEEPING YOUR CONTACT INFORMATION CURRENT

It is your obligation to cooperate with the investigation, including providing the Commission with notice of any change of address, phone number, or any prolonged absence from your current address. If you fail to notify the Commission of any change in address or prolonged absence, your inquiry or complaint may be closed administratively due to our inability to locate you, or may be closed based upon the evidence at the time.

PUBLIC DISCLOSURE

Be advised: any information and documents that you submit to the Commission are subject to public records laws and will be available to anyone who requests them. **This includes medical and other types of private records.** Therefore, it is in your best interest not to submit anything unless requested by your investigator.

ANY DECISION MADE BY THE COMMISSION DOES NOT PRECLUDE YOUR RIGHT TO FILE A CIVIL ACTION IN A COURT OF COMPETENT JURISDICTION, PURSUANT TO RCW 49.60.030.