



# 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?

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**WHO DO YOU THINK DISCRIMINATED AGAINST YOU?**

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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 +

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**WHY DO YOU THINK YOU WERE DISCRIMINATED AGAINST?**

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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:

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

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

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

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Yes     No    If yes, agency name:

If yes, date you filed:     Complaint Number:

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

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Attorney     Union     Other   

Name:     Date of Contact:

E-Mail:     Phone:

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**ADDITIONAL COMMENTS**

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Is there anything else we should know?

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***Key Points:***

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**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.**

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***KEEPING YOUR CONTACT INFORMATION CURRENT***

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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.

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***PUBLIC DISCLOSURE***

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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.**