

# EMPLOYMENT DISCRIMINATION QUESTIONNAIRE

## 7. EMPLOYER INVOLVED IN YOUR COMPLAINT

Name of company or organization \_\_\_\_\_

Address of work site \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_

Address of headquarters (if different than work site) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name and title of chief executive officer \_\_\_\_\_

Approximate number of total company employees  0-14  15-19  over 20

Do you have an attorney?  Yes  No If yes, name of attorney \_\_\_\_\_

Address of attorney \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Have you filed with any of the following agencies?  Yes  No If yes, charge number \_\_\_\_\_

With what agency did you file?  EEOC  State Department of Human Rights

Date filed \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Other \_\_\_\_\_

Did you file for unemployment compensation?  Yes  No

## 7a. YOUR EMPLOYMENT HISTORY WITH THE EMPLOYER INVOLVED IN YOUR COMPLAINT

### NOT HIRED

Application date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date denied \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason given \_\_\_\_\_ Position \_\_\_\_\_

### HIRED

Hiring date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Most recent rate of pay \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Most recent job title \_\_\_\_\_ Shift worked \_\_\_\_\_

Duties performed \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Are you still employed there?  Yes  No

If no:  Voluntarily quit  Discharged  Date notified \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Date effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason given by employer for termination \_\_\_\_\_

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COMPLAINTS TO AFFIRMATIVE ACTION / EQUAL EMPLOYMENT / UNION

Did you make the Affirmative Action/Equal Opportunity officer aware of the situation?  Yes  No Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is there a union for workers on this job?  Yes  No Were/are you a member?  Yes  No

Did you file a grievance with this union about this complaint?  Yes  No  Does not apply

Was discrimination alleged in your grievance?  Yes  No  Does not apply

Name of union \_\_\_\_\_ Local number \_\_\_\_\_

Address/Tel. Number \_\_\_\_\_ Name of union president \_\_\_\_\_

*If you wish to file a charge against the union, use a separate sheet of paper to explain how the union discriminated against you. Give the names and titles of union representatives involved.*

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