pennsylvania
HUMAN RELATIONS COMMISSION

PENNSYLVANIA HUMAN RELATIONS COMMISSION
EMPLOYMENT DISCRIMINATION QUESTIONNAIRE

1. YOUR CONTACT INFORMATION

Name _____

Address _____
Street Apt.

_____
City State Zip Code

Phone Number: (H) _____ (Cell) _____

E-mail address: _____

Name, address and phone number of a person, who does **NOT** live with you and will know how to contact you:

Name _____ Phone Number _____

Address _____

2. WHO DO YOU WANT TO FILE YOUR COMPLAINT AGAINST?

Employer Name _____
(Please use your employer's name as indicated on your paycheck or W-2 form)

Address in PA _____ PA _____
Street City State Zip Code

Phone Number _____

The Pennsylvania county where you were harmed: _____

3. INDICATE THE NUMBER OF INDIVIDUALS WHO WORK FOR THE EMPLOYER:

☐ Fewer than 4 ☐ 4 to 14 ☐ 15-20 ☐ 20+

Type of Business _____

Is the employer a federal agency? ☐ Yes ☐ No

4. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU. (SEE THE ATTACHED BROCHURE FOR MORE INFORMATION ABOUT THE COMMISSION). Check all that apply.

Write the date(s) you were harmed beside the discriminatory event or action:

☐ Discharge _____ ☐ Lay-Off _____ ☐ Failure to Recall _____

☐ Forced Transfer _____ ☐ Denied Transfer _____ ☐ Demotion _____

☐ Forced Leave _____ ☐ Leave Denied _____ ☐ Unequal Wages _____

☐ Unequal Benefits _____ ☐ Failure to Hire _____ ☐ Failure to Promote _____

☐ Discipline (Suspension, Warning, etc.) _____ ☐ Harassment _____
☐ Forced to Quit _____

Not accommodated because of your: ☐ Disability _____ ☐ Religion _____

OTHER, please be specific**:** _____

5. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?

The commission can only investigate your complaint if you feel you were treated differently and harmed because of your race, color, religion, ancestry, age, sex, national origin, non-job related disability or the use of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you feel you were treated differently because of your age and gender, please check off both age and gender. **Only check those reasons which explain why you were harmed**. Also, please identify your race, color, religion, national origin or ancestry, **if** you were discriminated against based on those factors.

☐ Male ☐ Female ☐ Pregnant

☐ Age (40 or older only): Date of Birth _____

☐ Race _____ ☐ Color _____

☐ Religion _____ ☐ Ancestry _____

☐ National Origin (Country in which you were born) _____

☐ Association with a person of a different race than your own:

Your race _____ the other person's race _____

☐ Use of a guide or support animal _____

☐ Refusal to perform, participate in, or cooperate in abortion or sterilization services

☐ GED ☐ Other

☐ I have a disability. (please complete #8) ☐ The employer treats me as if I am disabled.

☐ I had a disability in the past. (please complete #8)

☐ I have a relationship or association with someone who has a disability. (please complete #8)

☐ **RETALIATION***
If you believe you were **harmed** because you complained about what you believed to be unlawful discrimination, because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.
Date you filed a complaint with the PA Human Relations Commission _____

If you filed a complaint with another agency, list the agency's name and date of filing:

_____

Date you complained about discrimination to a manager _____

Date you assisted someone in complaining about discrimination _____

6. WHEN WERE YOU HIRED OR WHEN DID YOU APPLY FOR A JOB WITH THE EMPLOYER?

Date you became an employee: _____

Position for which you were hired: _____

What was your position at the time you were harmed? _____

If you were seeking to be hired by an employer:

When did you apply? _____ When did you learn you were not hired? _____

7. STATE THE REASONS THE EMPLOYER GAVE YOU FOR THE ACTIONS THAT HARMED YOU. _____

_____

_____

Who told you about the employer's reasoning for the action? Include his or her job title.

_____

When were you told about the action taken against you?

_____

_____

If you were given no reason, please check here. ☐

Regarding how you were harmed, please identify a person or persons who were treated better than you. For example, as a **male employee** you were disciplined for a work violation, but a **female employee** who committed the same work violation was not disciplined.

Name of employee - First and Last (if known)

_____

How is this person different from you? For example, what is his or her race, age, religion, etc.?

_____

Please explain **exactly** how this person was treated better or differently than you.

_____

_____

_____

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, *etc.* which can be investigated, and which directly relates to why you were treated differently than someone else.

_____

8. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #5 ABOVE, ANSWER THE FOLLOWING QUESTIONS.

What is your disability? _____

How long have you had this disability and when did it start?

Do you still have this disability, ☐ yes ☐ no

If yes, how much longer do you expect to have the disability? _____

What major life activities do **you have great difficulty performing** because of your disability (Check all that apply.)

☐ Seeing ☐ Hearing ☐ Bending ☐ Walking ☐ Lifting ☐ Stooping ☐ Turning

☐ Climbing ☐ Running ☐ Talking ☐ Standing for long periods

☐ Sitting for long periods ☐ Caring for yourself ☐ Thinking ☐ Concentrating

☐ Relating to Others

Other Major Life Activities (**Be specific**) _____

If you have had a disability in the past, when did it start, and what date did it end? _____

If your employer treats you as if you are disabled: What disability do they think or believe you have? _____

Who are the people that are treating you as disabled (names and job titles)?

_____

Why do you think that these people think or believe you have a disability?

_____

How did your employer learn about your disability? _____

On what date did they learn about your disability? _____

Which specific manager/official/agent) learned about your disability?

_____

If you are related to someone who has a disability, what is your relationship to this person?

_____

What is this person's disability? _____

How and on what date did the employer learn about this person's disability?

_____

Did you ask for an accommodation or assistance in order to do your job? ☐ yes ☐ no

IF YES,

(1) To whom did you make your request? _____

(2) What date was the request made? _____

(3) Please explain what the accommodation/assistance was that you requested, and why.

_____

_____

Did the employer provide your requested accommodation or assistance? ☐ yes ☐ no

If so, on what date? _____

Did the employer provide some other accommodation or assistance instead? ☐ yes ☐ no

If yes, please explain. _____

_____

Did the employer deny your request for an accommodation or assistance. ☐ yes ☐ no

if so, who denied your request?

_____

What date was the request denied? _____

What reason was given to you for the denial? _____

_____

_____

9. **IF YOU CHECKED THAT YOU WERE HARASSED UNDER #4, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE**.

Name the person(s) who harassed you: _____

His or her job title _____

When were you harassed: Starting date _____ Ending date _____

Is the harassment still continuing? ☐ yes ☐ no

How often did the harassment occur? As well as possible, please indicate **date, month and year** of each incident and how often the harassing actions occurred.

☐ One time only _____ ☐ Once a day _____

☐ Several times daily _____

☐ multiple times/week _____

☐ multiple times/month _____

Please provide two or three examples of the harassment you experienced.

_____

_____

_____

Who harassed you? _____

Date(s) of the harassment _____

The acts of harassment: _____

_____

Did you consider any of the above acts of harassment to be especially severe and/or offensive?

☐ Yes ☐ No If so, please explain why.

_____

_____

Did the harassment have a negative or harmful affect on your work environment, or your health, or your personal life, if so, please explain: _____

_____

_____

Did you complain to anyone about the harassment? ☐ Yes ☐ No

To whom did you complain?

_____

Name Job title

What date did you complain? _____

Did the harassment stop after you complained about it? ☐ Yes ☐ No

If it ended, on what date did it stop? _____

After you complained, were any other actions taken against you? (for example – discipline, discharge, etc.) ☐ Yes ☐ No

What were the actions? _____

On what dates did they occur? _____

Who took the action against you? _____

Did this person know that you complained about the harassment? ☐ Yes ☐ No

Please identify someone who is different than you and who was treated better:

_____

Name Job title

Reason they were treated better than you as discussed in #5 above:

_____

How were they treated better regarding the harassment? _____

_____

_____

10. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed _____

Date of filing _____ Inquiry or Complaint number _____

11. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE YOUR ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT.)

YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.

☐ *I hereby verify that the statements contained in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.*

Signature _____

Date _____

IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES.

_____

_____

_____

_____

_____

_____