

EMPLOYMENT DISCRIMINATION CHARGE QUESTIONNAIRE

Palm Beach County Office of Equal Opportunity
301 North Olive Avenue, 10th Floor-- West Palm Beach, FL 33401
Telephone: (561) 355-4883 / FAX: (561) 355-4932 / TDD: (561) 355-1517
<http://www.pbcgov.com/equalopportunity>

IMPORTANT NOTICE TO POTENTIAL CHARGING PARTY: Completion of this form is necessary in order for the Office of Equal Opportunity to determine if you have sufficient legal grounds to initiate the filing of a charge of employment discrimination. Completion and submission of this Questionnaire does not constitute the filing of a charge of discrimination. Upon receipt of this completed Questionnaire, we will determine if you have stated sufficient factual allegations to proceed further. If the facts are not sufficient, we will either contact you for further information or notify you of our determination that the facts are not sufficient. If the facts are sufficient, a complaint will be prepared for you to sign, notarize and return to OEO for filing and investigation. You must return the signed, notarized complaint form so that it is received by OEO within 180 days of the date of the most recent act of alleged discrimination. If your form is received after 180 days, but within 300 days, OEO will forward your forms to the U. S. Equal Employment Opportunity Commission (EEOC) for processing and investigation.

When completing this form, please print legibly or use typewriter.
Please do not write on the back of the page. Use additional sheets if necessary.

PERSONAL INFORMATION:

1. My name is: _____
(First) (Middle Name or Initial) (Last)
2. My date of birth is _____. I am presently _____ years of age.
3. My gender is _____ and my racial identity is _____
4. I reside at _____
in the City of _____ County of _____
State of _____ Zip Code _____
5. My day time telephone number, including the area code is: _____
6. My evening telephone number, including the area code is: _____
7. The name of a person who will know how to reach me is: _____
Their telephone number (including area code) is: _____

INFORMATION ABOUT YOUR DISCRIMINATION CLAIM:

What is the name of the employer that you believe discriminated against you:

Employer's Name: _____

Employer's Address: _____

Employer's City: _____ **State** _____ **Zip** _____ **Telephone No.** _____

What is the nature of this employer's business: _____

In what Florida County were you employed: _____

How many employees worked for the employer named above: _____

Are you now employed by this employer? _____ Yes _____ No

When did you first begin work for this employer?: _____

If you are no longer employed, did you resign or were you fired? _____

If you were discharged or resigned, when did you last work for this employer? _____

If you were never employed, and applied for a job, when did you apply? _____

If you applied for a job, what job did you seek? _____

My immediate supervisor (if applicable) _____
(Name) (Job Title)

What is, or was, your job position: _____

At the time of the alleged discriminatory actions, my duties were:

Please indicate the basis upon which you believe you were discriminated against. (Check and respond only to those that are applicable to your case.)

Race. If your claim is based on race, what is your race? _____

Color. If your claim is based on color, what is your color? _____

National Origin. If your claim is based on national origin, what is your national origin? _____

Sex. If your claim is based on sex (or gender), what is your sex (gender)? _____

a.) If your claim is based on sexual harassment, did you report the alleged harassment to the employer? _____ Yes _____ No.

If yes, what actions did the employer take based on your report?

b.) If your claim is based on pregnancy, when did the employer learn that you were pregnant? _____

Age. If your claim is based on age, what is your age? _____

Religion. If your claim is based on religion, what is your religion? _____

_____ Did you request an accommodation for a religious practice or belief? _____ Yes _____ No. If yes, what was the employer's response to your request? _____

Retaliation. If your claim is based on retaliation, had you previously filed a claim of employment discrimination with either EEOC or OEO? _____ Yes _____ No. Had you previously filed a claim of discrimination through your employer's internal procedures? _____ Yes _____ No. Had you testified or assisted someone else in protecting their rights under the employment discrimination laws? _____ Yes _____ No.

Disability. If your claim is based on disability, what is your disability? _____

(NOTE: IF YOUR CLAIM IS BASED ON DISABILITY, PLEASE COMPLETE THE ATTACHED DISABILITY QUESTIONNAIRE.) _____

Did you request an accommodation for your disability? _____ Yes _____ No. If yes, what was the employer's response to your request for an accommodation?

Familial Status. If your claim is based on familial status, please indicate the number and ages of your dependent child(ren):

Marital Status. If your claim is based on marital status, please indicate whether you are: ___single; ___married;
_____ divorced; _____ other (please specify: _____)

Sexual Orientation. If your claim is based on sexual orientation, what is your sexual orientation? _____

Gender Identity or Expression. _____

BRIEF STATEMENT REGARDING YOUR DISCRIMINATION CLAIM.

The most recent act of discrimination took place on _____
(Month) (Day) (Year)

(Briefly describe the action that was taken against you that you believe to be discriminatory. Indicate what harm, if any, was caused to you or others in your work situation as a result of this alleged action. For example, were you fired, not promoted, not hired, laid off, paid different wages, harassed, etc.) Use additional sheets if necessary. Please do not write on the reverse side of the page.

What reason did the employer give for the alleged discriminatory treatment?

Why do you believe that the action taken against you was discriminatory?

My work history, experience, and education are:

My last performance evaluation, and my overall performance on the job were:

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My last performance evaluation, and my overall performance on the job were:

During my employment, I _____ (did) _____ (did not) receive any disciplinary actions. My record of disciplinary actions include all of the following? (If so, state the type of disciplinary action and date.)

The incidents that led to the alleged discriminatory treatment were:

To the best of my knowledge, other persons _____ (did) _____ (did not) commit violations similar to those that I was accused of. If other persons committed similar violations, please describe how they were treated differently. As to each person who was treated different, identify them by name, job held, sex, race, national origin, age, etc., as appropriate.

The particular company policy or practice that was applied in a discriminatory manner was:

The names, addresses and telephone numbers for persons who have knowledge about the alleged discriminatory treatment are listed below. I have also given a summary of what each person knows about this matter.

WHAT RELIEF ARE YOU SEEKING IN THIS MATTER?_

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WHAT WOULD YOU BE WILLING TO ACCEPT TO RESOLVE THIS MATTER IMMEDIATELY?

ARE YOU WILLING TO PARTICIPATE IN MEDIATION TO SEEK AN EARLY RESOLUTION OF YOUR CLAIM(S)?

_____ Yes. _____ No.

HAVE YOU SOUGHT ASSISTANCE FROM ANY OTHER AGENCY, ATTORNEY, ETC.? If so, what is the name of the source of assistance: _____

Date of assistance: _____ Results, if any: _____

HAVE YOU PREVIOUSLY FILED A COMPLAINT WITH OEO or EEOC ? _____ Yes _____ No.

If yes, when did you file: _____ Charge/Complaint No. (If known): _____

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- A. I have been advised by a representative of the Palm Beach County Office of Equal Opportunity (OEO) that completion of this Questionnaire is necessary in order for the Office of Equal Opportunity to determine if I have sufficient legal grounds to initiate the filing of a charge of employment discrimination. I understand that completion and submission of this Questionnaire does not constitute the filing of a charge of discrimination and that upon receipt and review of this completed Questionnaire, OEO will determine if I have stated sufficient factual allegations to proceed with the actual filing of a charge of discrimination.
- B. I understand that to be timely filed, a charge of discrimination must be signed, notarized, and received by OEO within 180 days of the date of the most recent act of alleged discrimination. If I file a complaint after 180 days, but within 300 days, OEO will not investigate my claims but will forward my complaint to the U. S. Equal Employment Opportunity Commission (EEOC) for processing and investigation.
- C. I have been given assurances by an agent of the Palm Beach County Office of Equal Opportunity that pursuant to Palm Beach County's Equal Employment Ordinance (Ordinance 95-31), and applicable Florida Statutes, this Questionnaire will be considered confidential and will not be disclosed (except to the parties to this proceeding, including the employer and its legal representative) as long as the case remains open unless it becomes necessary for OEO to produce the Questionnaire in a formal proceeding. Upon the closing of this case, the Questionnaire may be subject to further disclosure in accordance with Ordinance 95-31 and Florida's Public Record Act.

Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.

Signed: _____

Printed Name: _____

Date Signed: _____

EMPLOYMENT DISCRIMINATION CHARGE QUESTIONNAIRE

(Continuation Sheet)

Please do not write on the back of the page.
Use additional sheets if necessary.