

EMPLOYMENT DISCRIMINATION INTAKE QUESTIONNAIRE

If you need assistance in completing this form, have difficulty completing any portions of this form due to incompatibility with adaptive technology, or you need the information in an alternative format, please contact us at:

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 (OEO) 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 charge will be prepared for you to sign and return to OEO for filing and investigation. You must return the signed charge form so that 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 _____

_____ Last Name

_____ First Name

_____ Middle Name or Initial
2. My year of birth (four-digit) ____ _ I am presently _____ years of age.
3. My gender is _____ and my racial identity is _____. I am Hispanic or Latino. ☐ Yes ☐ No
4. I reside at _____
in the City of _____ County of _____
State of _____ Zip Code _____
5. My daytime telephone number, including the area code, is _____
6. My evening telephone number, including the area code, is _____
7. My email address is _____
(NOTE: Under Florida law, email addresses are public records. Do not provide your email address if you do not want it released in response to a public records request.)
8. The name of a person who will know how to reach me is _____
Their telephone number, including the area code, is _____

INFORMATION ABOUT THE DISCRIMINATION CLAIM

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

1. Employer's Name _____
2. Employer's Address _____
3. Employer's City _____ State _____ Zip _____ Telephone No. _____
4. Employer's Email Address _____
5. What is the nature of this employer's business? _____
6. In what Florida county were you employed? _____
7. How many employees worked for the employer named above? _____
8. Are you currently employed by this employer? ☐ Yes ☐ No If yes, what is your title? _____
9. When did you first begin working for this employer and what was your Title? _____
10. If you are no longer employed, did you resign or were you fired? _____
11. If you were fired or resigned, when did you last work for this employer and what was your title? _____
12. If you were never employed, and applied for a job, what job did you apply for and when did you apply?

13. My immediate supervisor (if applicable) _____

*Name**Job Title*
14. 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.):

1. ☐ **Race.** If your claim is based on race, what is your race? _____
2. ☐ **Color.** If your claim is based on color, what is your color? _____
3. ☐ **National Origin.** If your claim is based on national origin, what is your national origin? _____
4. ☐ **Sex.** If your claim is based on sex (or gender), what is your sex (gender)? _____

5. ☐ **Sexual Harassment.** 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 upon your report? _____
6. ☐ **Pregnancy.** When did the employer learn that you were pregnant? _____
7. ☐ **Age.** If your claim is based on age, what is your age? _____
8. ☐ **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 request?

- If yes, what was the employer's response to your request? _____
- _____
9. ☐ **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
10. ☐ **Disability.** If your claim is based on disability, what is your disability? _____
- (NOTE: IF YOUR CLAIM IS BASED ON A DISABILITY, PLEASE COMPLETE THE ATTACHED DISABILITY QUESTIONNAIRE.)**
- Did you request an accommodation for your disability? ☐ Yes ☐ No If yes, what was the request?

- What was the employer's response to your request for an accommodation?

11. ☐ **Familial Status.** If your claim is based on familial status, please indicate the number and ages of your dependent child(ren) that are under the age of eighteen (18):

12. ☐ **Marital Status.** If your claim is based on marital status, please indicate whether you are:
☐ single ☐ married ☐ divorced ☐ other (please specify) _____

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

14. ☐ **G.I.N.A. Genetic Information** – Choose which type(s) of genetic information is involved:

☐ Genetic testing ☐ Family medical history ☐ Genetic services (*genetic services means counseling, education or testing*)

If you checked "Genetic Information," how did the employer obtain the genetic information? _____

15. BRIEF STATEMENT REGARDING YOUR DISCRIMINATION CLAIM

1. The most recent act of discrimination took place on _____

Month Day Year

2. 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.

[illegible]

3. What reason, if any, did the employer give for the alleged discriminatory treatment?

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

5. My work history, experience, and education are:

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

7. During my employment, I ☐ (did) ☐ (did not) receive any disciplinary actions. If so, state the type of disciplinary action and date:

8. The incidents that led to the alleged discrimination treatment were:_____

9. 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 differently, identify them by name, job held, sex, race, national origin, age, etc., as appropriate).

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

11. The names, addresses and telephone numbers for all 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.

Are you willing to participate in mediation to seek an early resolution of your claim(s)? ☐ Yes ☐ No

EXISTING / PREVIOUS CHARGES

1. Have you sought assistance from any other agency, attorney, etc.? ☐ Yes ☐ No

If so, what is the name of the source of assistance? _____

Date of assistance _____ Results, if any _____

2. Have you previously filed a complaint with OEO or EEOC? ☐ Yes ☐ No

If so, when did you file? _____ Charge/Complaint No. (if known) _____

DISCLAIMER

- A. Completion of this Questionnaire is necessary in order for the OEO 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 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 may not investigate my claims but will forward my complaint to the U.S. Equal Employment Opportunity Commission (EEOC) for processing and investigation.
- C. 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 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 Records 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 _____



Palm Beach County
Board of County Commissioners

EMPLOYMENT DISCRIMINATION INTAKE QUESTIONNAIRE Continuation Sheet[illegible]