

Fair Employment Intake Questionnaire

If you complete and return this form, you have not filed a formal complaint. OCR staff will review your form, then contact you to finalize the process.

	iling Complaint			
		Work Message		
E-mail:				
How did you hear about OCR?				
Name of a friend or relative we can contact if we cannot contact or locate you Name				
Address				
Phones:				
Vour iol	h titlo			
Date of e		Date of termination, if any		
Most recent date of discrimination?				

Who do you want to file a complaint again	nst?
Current or Former Employer	Union
Prospective Employer	Employment Agency
Name of person	
Person's title	
Company Name	
Address	
Phones: Home	Cell
	Message
How many people are employed at this co	mpany or organization?
Address of your place of employment (if d	ifferent from above)
· <u></u>	
The discrimination was because of my	(Check all that apply)
Color	
Ancestry (country?)	
Sex / Gender: Male Female	
Age (birthdate?)	
Religion	
Sexual Orientation _	Gender Identity
Marital Status: Married Separated	Divorced Engaged Widowed Single Cohabiting
Disability	

What action(s) were taken against you?	(check all that apply)
Failure to hire or rehire	Refusal to promote or transfer
Termination or Layoff	Disciplinary Action
Performance Evaluation	Sexual Harassment
Failure to dispatch or represent	Failure to promote/demote
Failure to Accommodate Disability	Training
Compensation/equal pay	Maternity
Pre-employment inquiry/practices/adver	rtising
Use of discriminatory language in a prin	ted statement, advertisement or application form
Union memberships rights or privileges,	or admission to an apprenticeship or training program
Unfair treatment in other terms, condition	ns, wages or employment
Verbal Slurs	
Retaliation – I made a formal / informal	discrimination complaint or testified in an investigation
Other (specify)	
	_

(use additional pages if necessary)		

Please provide contact information for witnesses to these actions		
Name		
Address		
Phones		
E-mail		
Name		
Address		
Phones		
E-mail		
Name		
Address		
Phones		
E-mail		
I verify that this statement is true to the best of my knowledge.		
Signature	Date	

Please return your signed Intake Questionnaire to

King County Office of Civil Rights 400 Yesler Way, Room 260 Seattle, WA 98104-2683

Questions about this online form? Contact OCR at 206-296-7592, TTY 206-296-7596, Fax 206-296-4329, or e-mail Civil-Rights.OCR@kingcounty.gov.

We provide reasonable accommodations for people with disabilities.

AVAILABLE IN ALTERNATE FORMATS