

EMPLOYMENT DISCRIMINATION QUESTIONNAIRE (1)

Minnesota Department of Human Rights
Army Corps of Engineers Centre
190 5th Street East — Suite 700
St. Paul, MN 55101

The Department needs specific information in order to process or investigate a complaint. If the Department cannot locate you, your case may be dismissed. PLEASE PRINT or TYPE.

If you have questions or need help completing this document, call Intake at the Department of Human Rights at (612) 296-5663
Toll free in Minnesota 1-800-657-3704
TTY: (612)296-1283
This questionnaire is available in other languages.

1. INFORMATION ABOUT YOU

Name _____ () _____ Home phone number _____

Street / Apt. # _____ City _____ State _____ Zip _____

Race _____ Age _____ Gender _____

If you are under 18, provide the name of your parent or legal guardian and their address:

May we call you at work? Yes No Work phone number () _____ Best time to contact you _____

CONTACT PERSON — someone who will always know how to contact you (if possible, someone who does not live with you)

Name _____ () _____ Home phone number _____

Street / Apt. # _____ City _____ State _____ Zip _____

2. EMPLOYER INVOLVED IN YOUR COMPLAINT

Name of company or organization _____ () _____ Phone number _____

Street address _____ City _____ State _____ Zip _____

Address of headquarters _____ () _____ Phone number _____

Street _____ City _____ State _____ Zip _____

Name and title of chief executive _____

Approximate number of total company employees 0-14 15-19 over 20: indicate approximate number _____

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

Attorney's address _____ Phone number _____

Have you filed with any of the following agencies? Yes No If yes: Date _____ Charge number _____

EEOC Minneapolis Civil Rights St. Paul Human Rights Other _____

Did you file for unemployment compensation? Yes No

3. YOUR EMPLOYMENT HISTORY WITH THE EMPLOYER INVOLVED IN YOUR COMPLAINT

- Applied but not hired. Application date _____ Date denied _____ Position _____
- Hired. Hiring date _____ Most recent pay rate _____ Hours worked _____
Are you still employed there? Yes No Shift worked _____
If no: Voluntarily quit Discharged Date notified _____ Reason _____
Date effective _____
Most recent job title _____ Duties performed _____
Supervisor's name and title _____
Did you make the Affirmative Action/Equal Employment 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 and telephone 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.

4. BASIS OF DISCRIMINATION — "I believe I was discriminated against because of my . . ."

(check only those categories that are the reason for this complaint)

- Race: White Black American Indian Asian/Pacific Islander Other _____
- Color _____
- Nationality or country of origin _____
- Religion _____
- Gender: male female
- Marital status: single engaged to be married married divorced separated widowed
- Age: Date of birth _____ Age when discrimination occurred _____
- Creed _____
- Disability: name or description _____
How is this a factor? _____
- Sexual orientation: gay lesbian bisexual transsexual heterosexual other _____
- Public assistance status: type of assistance involved _____
- Association with person(s) of another race, religion, national origin, sexual orientation, color, or creed
- Association with person(s) who have a disability
- Complaints about or opposition to discrimination
- Receipt of pension credits
- Local Human Rights Commission activity

5. POSSIBLE WITNESSES — use additional sheets if necessary

- 1. Name _____
- Address _____
- Home telephone _____ Work telephone _____ Best time to contact witness _____
- What information can this witness provide? _____

2. Name _____

Address _____

Home telephone _____ Work telephone _____ Best time to contact witness _____

What information can this witness provide? _____

3. Name _____

Address _____

Home telephone _____ Work telephone _____ Best time to contact witness _____

What information can this witness provide? _____

6. DOCUMENTS THAT MAY HELP US INVESTIGATE YOUR COMPLAINT — give the name and date of document and explain the information it contains; attach copies, if possible

1. _____

2. _____

3. _____

7. HOW WERE YOU DISCRIMINATED AGAINST? — add additional pages if necessary

1. Who discriminated against you or harassed you?

Name	Title	Address	Telephone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. When, approximately, did this happen? _____

3. Where did this happen? _____

4. Why do you think your (race, age, gender, religion, etc.) was a factor in this person's behavior toward you? _____

5. Were others treated more favorably than you? If so, please describe that person by name, job title or position, how they differ from you, and how they were treated more favorably.

6. Did you tell someone about the incident? If yes, please give their names and tell about them. _____

7. What happened? Be specific and provide dates if possible. _____

