



## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Thank you for using the EEOC Assessment System. The information you gave us indicates that your situation may be covered by the laws we enforce. If you want to file a charge, you can start the process by filling out the Intake Questionnaire, signing it, and either bringing it or mailing it to the EEOC office listed below right away. If you live within 50 miles of the EEOC office listed below, we recommend that you bring the completed questionnaire with you to this office to discuss your situation.

If you would like to bring the questionnaire to us in person instead of mailing it to us, please click [www.eeoc.gov/offices.html](http://www.eeoc.gov/offices.html) to find out the office hours of the EEOC office closest to you. If you would like to fax the questionnaire to us, please click [www.eeoc.gov/offices.html](http://www.eeoc.gov/offices.html) to find out the fax number of the office nearest to you.

You should be aware that filing a charge can take up to two hours. If you find that you are having difficulty completing the questionnaire on your own, you may call the number below for assistance.

Please be sure to:

- Answer all questions as completely as possible.
- Include the location where you work(ed) or applied.
- Complete all pages and sign the last page.
- Attach additional pages if you need more space to complete your responses.

You can find out more information about the laws we enforce and our charge-filing procedures on our website at [www.eeoc.gov](http://www.eeoc.gov).

If you want to file a charge about job discrimination, there are time limits to file the charge. In many States that limit is 300 days from the date you knew about the harm or negative job action, but in other States it is 180 days. To protect your rights, it is important that you fill out the questionnaire, sign it, and bring it or send it to us right away.

**Filling out and bringing us or sending us this questionnaire does not mean that you have filed a charge.** This questionnaire will help us look at your situation and figure out if you are covered by the laws we enforce. If you live within 50 miles of the office listed above, we recommend that you bring the completed questionnaire to us to discuss your situation. If you mail the completed questionnaire to us, someone from the EEOC should contact you by mail or by phone within 30 days. If you don't hear from us in 30 days, please call us at **1-800-669-4000**.

Sincerely,

U.S. Equal Employment Opportunity Commission



## **EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**

### **INTAKE QUESTIONNAIRE**

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. **Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known."** If a question is not applicable, write "n/a." Please Print.

#### **1. Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street or Mailing Address: \_\_\_\_\_ Apt Or Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone Numbers: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_ Do You Have a Disability? Yes ☐ No ☐

- Please answer each of the next three questions.** i. Are you Hispanic or Latino? Yes ☐ No ☐  
ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White  
iii. What is your National Origin? \_\_\_\_\_

#### **Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

#### **I believe that I was discriminated against by the following organization(s): (Check those that apply)**

Employer \_\_\_\_\_ Union \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

#### **2. Organization Contact Information**

**Organization #1 Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_  
**Type of Business:** \_\_\_\_\_ **Job Location if different from Org. Address:** \_\_\_\_\_  
**Human Resources Director or Owner Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Number of Employees in the Organization at All Locations:** Please Check (✓) One  
Less Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☐ More 500 ☐

**Organization #2 Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Location if different from Org. Address: \_\_\_\_\_

Human Resources Director or Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Employees in the Organization at All Locations: Please Check (✓) One

Less Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☐ More 500 ☐

**3. Your Employment Data** (Complete as many items as you can)

Date Hired: \_\_\_\_\_ Job Title At Hire: \_\_\_\_\_

Pay Rate When Hired: \_\_\_\_\_ Last or Current Pay Rate: \_\_\_\_\_

Job Title at Time of Alleged Discrimination: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

If Applicant, Date You Applied for Job \_\_\_\_\_ Job Title Applied For \_\_\_\_\_

**4. What is the reason (basis) for your claim of employment discrimination?**

*FOR EXAMPLE, if you are over the age of 40 and feel you were treated worse than younger employees **or** you have other evidence of discrimination, you should check (✓) **AGE**. If you feel that you were treated worse than those not of your race **or** you have other evidence of discrimination, you should check (✓) **RACE**. If you feel the adverse treatment was due to multiple reasons, such as your sex, religion and national origin, you should check all three. If you complained about discrimination, participated in someone else's complaint or if you filed a charge of discrimination and a negative action was threatened or taken, you should check (✓) **RETALIATION**.*

Race ☐ Sex ☐ Age ☐ Disability ☐ National Origin ☐ Color ☐ Religion ☐ Retaliation ☐ Pregnancy ☐

Other reason (basis) for discrimination (Explain). \_\_\_\_\_

**5. What happened to you that you believe was discriminatory? Include the date(s) of harm, action(s) and include the name(s) and title(s) of the persons who you believe discriminated against you. (Example: 10/02/06 - Written Warning from Supervisor, Mr. John Soto)**

A) Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person(s) Responsible: \_\_\_\_\_

B) Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person(s) Responsible: \_\_\_\_\_

Describe any other actions you believe were discriminatory.

6. What reason(s) were given to you for the acts you consider discriminatory? By whom? Title?

7. Name and describe others who were in the same situation as you. Explain any similar or different treatment. Who was treated worse, who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of comparator if known and if connected with your claim of discrimination. Add additional sheets if needed.

Full Name	Job Title	Description
1. _____		
2. _____		
3. _____		

Answer questions 8-10 only if you are claiming discrimination based on disability. If not, skip to question 11.

8. Please check all that apply:

☐ Yes, I have an actual disability

☐ I have had an actual disability in the past

☐ No disability but the organization treats me as if I am disabled

9. If you are alleging discrimination because of your disability, what is the name of your disability? How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).

10. Did you ask your employer for any assistance or change in working condition because of your disability?

Yes ☐ No ☐

Did you need this assistance or change in working condition in order to do your job?

Yes ☐ No ☐

If "YES", when? \_\_\_\_\_ To whom did you make the request? Provide full name of person \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Describe the assistance or change in working condition requested?

11. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and indicate what they will say. Add additional pages if necessary.

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
A.		

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
B.		

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
C.		

12. Have you filed a charge previously in this matter with EEOC or another agency? Yes ☐ No ☐

13. If you have filed a complaint with another agency, provide name of agency and date of filing:

14. Have you sought help about this situation from a union, an attorney, or any other source?

Yes ☐ No ☐ - If yes, from whom and when? Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so within either 180 or 300 days from the day you knew about the discrimination. The amount of time you have depends on whether the employer is located in a place where a state or local government agency has laws similar to the EEOC's laws. **If you do not file a charge of discrimination within the time limits, you will lose your rights. If you want to file a charge, you should check Box 1, below. If you would like more information before deciding whether to file a charge or you are worried or have concerns about EEOC's notifying the employer, union, or employment agency about your filing a charge, you may wish to check Box 2, below.**

Box 1

<input type="checkbox"/>	<p>I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that <b>the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name.</b> I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, or retaliation for opposing discrimination.</p>
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Box 2

<input type="checkbox"/>	<p>I want to talk to an EEOC employee before deciding whether to file a charge of discrimination. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.</p>
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**Signature**

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**Today's Date**

**PRIVACY ACT STATEMENT:** This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Intake Questionnaire (9/20/08).
2. **AUTHORITY.** 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a)
3. **PRINCIPAL PURPOSE.** The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
4. **ROUTINE USES.** EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters
5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.** The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.