

Interview Date:	Processing Time: :HR :MIN
Approval:	Action Taken:
Interviewer:	Computer Entry:

PRE-COMPLAINT QUESTIONNAIRE - EMPLOYMENT

The information requested on this form will assist the Department in helping you. There is no guarantee that the information submitted will result in an investigation. Please check or answer only those questions that apply.

PLEASE PRINT

DATE

NAME _____
First Middle Last

ADDRESS _____
Street Apt. Number City County ZIP Code

TELEPHONE NUMBER: WORK () _____ HOME () _____
Area Code Area Code

I prefer to be contacted by telephone at work/home: Days: _____ Time: _____

Person to contact if you cannot be reached or if you move:
 Name _____ TELEPHONE () _____
Area Code

I WISH TO COMPLAIN AGAINST: (Name and address of company, government entity [city, county, state], employment agency, union, etc.)

NAME _____

ADDRESS _____
Street City County ZIP Code

TELEPHONE NUMBER: WORK () _____ NUMBER OF EMPLOYEES (Estimate, if necessary)
Area Code Job Site Company-Wide

I WISH TO COMPLAIN AGAINST: (Other named individuals who were involved in this particular complaint.)

NAME _____

TITLE _____ TELEPHONE () _____
Area Code

ADDRESS _____
(if known) Street City County ZIP Code

EMPLOYER LISTED ON W-2 FORM:

NAME _____

ADDRESS _____
(if known) Street City County ZIP Code

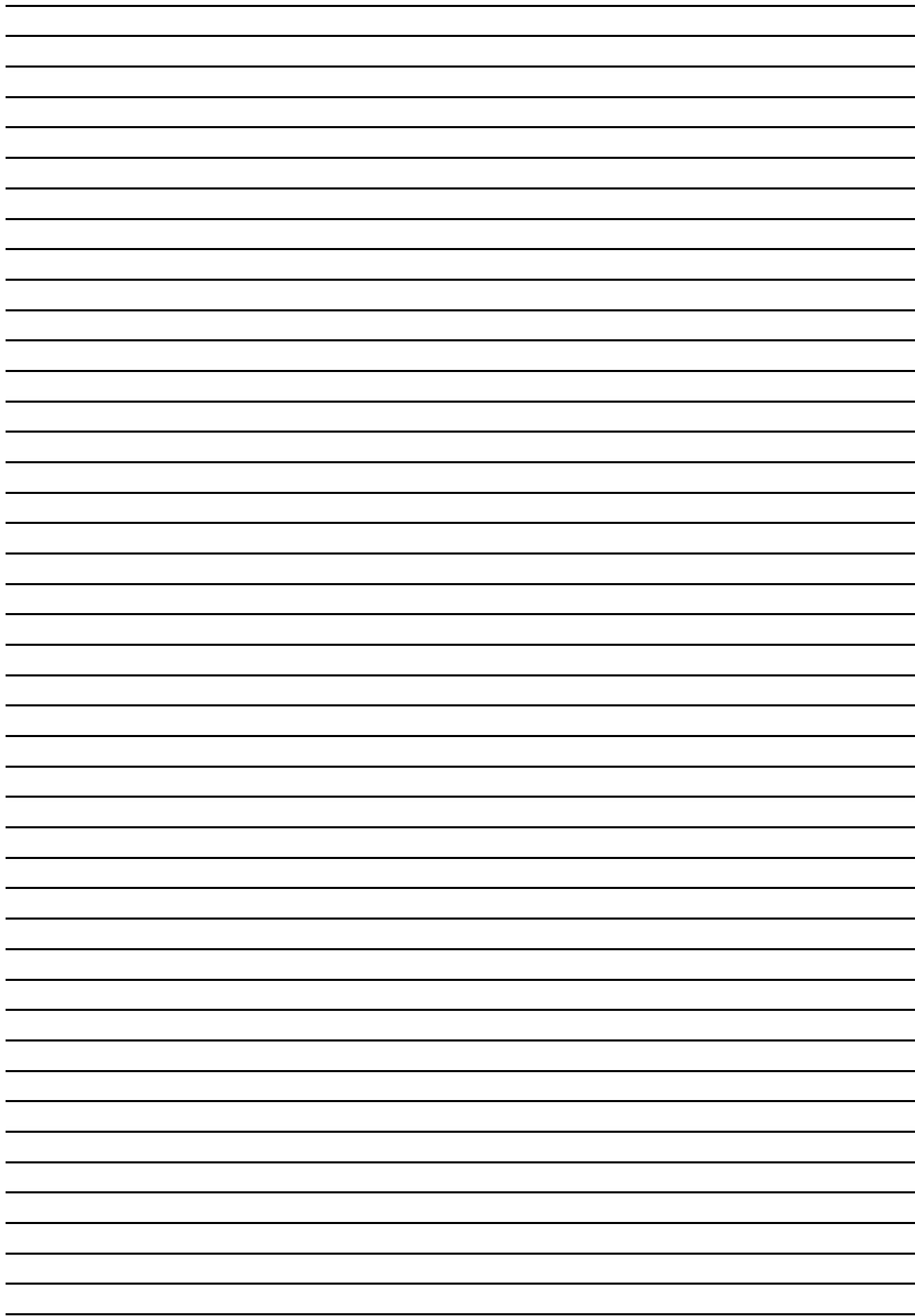
(CONTINUE ON BACK IF NECESSARY)

1. I believe I was discriminated against because of my (please circle):

- Race Sex Cancer Pregnancy Age (40 and over)
- Color Sexual Orientation Genetic Characterisitcs Marital Status Denial of Family Care Leave
- Religion _____ Disability (including AIDS) _____ National Origin/Ancestry _____
(Please specify) (Please specify) (Please specify)

2. Circle the discriminatory treatment and indicate the **date occurred**:

- Terminated/Laid Off _____ Not Hired _____ Denied Promotion _____ Harassed _____
- Denied Leave (Pregnancy/Family Care Leave) _____ Denied Accommodation _____ Denied Equal Pay _____
- Denied Accommodation for Pregnancy _____ Impermissible Non-Job-Related Inquiry _____
- Retaliation _____ Other _____



3. Why do you believe the unfair treatment was discrimination? (If others were treated better than you, give names, addresses and examples.) _____
4. List the names, addresses, job titles and telephone numbers (if possible) of witnesses, co-workers, or others you feel could provide evidence. Explain what you think each witness will be able to tell us.

Name and Address	Title/Relationship	Telephone Numbers	
		Home	Work

Can provide information regarding: _____

Name and Address	Title/Relationship	Telephone Numbers	
		Home	Work

Can provide information regarding: _____

(Use extra sheets of paper for additional witnesses, if necessary.)

5. EMPLOYMENT DATA: (Complete as many items as you can.)
- A. Date hired or applied for job: _____
- B. Job title/salary at time of discrimination: _____
- C. Name and title of immediate supervisor or interviewer: _____
- D. If your employment was terminated, who replaced you? _____
- E. If your employment was terminated or if you were refused a job, have you since been employed? Yes _____ No _____
 Date of hire: _____ Salary: _____ Job Title: _____
- F. If not hired:
- < How did you know about the job and/or salary? _____
 - < Did you apply by written application or verbally? _____
 - < To whom did you submit the application? _____ Date _____
 - < How did you find out you had been refused? _____ Date _____
 - < Who got the job, salary, etc. (if known)? _____

6. Are you interested in participating in the Department's Pilot Mediation Program? Yes _____ No _____

7. Have you filed a complaint with the U.S. Equal Employment Opportunity Commission (EEOC) before coming to DFEH? Yes _____ No _____ Date _____

8. Have you talked to an attorney concerning this problem? Yes _____ No _____

NAME _____ TELEPHONE (____) _____
 Area Code

ADDRESS _____

9. PERSONAL DATA:		
RACE/ETHNICITY (Check box that best describes) <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander (specify) _____ <input type="checkbox"/> African-American <input type="checkbox"/> African – Other <input type="checkbox"/> Caucasian (non-Hispanic) <input type="checkbox"/> Hispanic (specify) _____		PRIMARY LANGUAGE _____ -
SOCIAL SECURITY NUMBER: _____ <small>(The Federal Privacy Act of 1974 prohibits a state government agency from requiring disclosure of an individual's Social Security Number. Disclosure of your Social Security Number is voluntary.)</small>	DATE OF BIRTH ____ / ____ / ____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female

DO NOT WRITE IN THIS AREA
INTERVIEWER'S NOTES

Complainant's assertions:

What does Complainant say the employer's position will be?

Comparative data/relevant information:

What does Complainant want as a remedy?

Complaint taken for investigation: Yes ___ No ___
If taken for filing purposes only, explain why:

If **NO**, was "b" offered? Yes ___ No ___

If not taken, rationale:

Complainant advised of Pilot Mediation Program? Yes ___ No ___
Complainant advised of statute of limitations? Yes ___ No ___
Complainant advised of other agencies? Yes ___ No ___

Date statute runs: _____

FOR OFFICIAL USE ONLY

DFEH CODE: LAW ___ BASIS ___ ACT ___ REJECT ___ PUBLIC ___