



## OFFICE OF CIVIL RIGHTS ENFORCEMENT EMPLOYMENT DISCRIMINATION COMPLAINT

You must complete this **Complaint** form and the accompanying **Intake Questionnaire** and return them to the **Office of Civil Rights Enforcement (“OCRE”), 313 Northeast 21<sup>st</sup> Street Oklahoma City, Oklahoma 73105, within 180 days of the last incident of employment discrimination, harassment or retaliation.** Pursuant to Oklahoma law, a copy of the Complaint will be sent to the employer. The Intake Questionnaire is for OCRE use only and will remain confidential during the investigation. Oklahoma law prohibits employers from engaging in retaliation against individuals who exercise their right to file a complaint.

### GENERAL INFORMATION

<b>YOUR INFORMATION:</b>	<b>EMPLOYER INFORMATION:</b>
Full Name:	Employer Name:
Address:	Street Address ( <b>where you actually worked</b> ):
City, State, Zip Code:	City, State, Zip Code:

### DISCRIMINATION BASIS

**I have been discriminated against because of my (check all that apply):**

- Race  
 Color  
 Religion  
 Sex  
 Pregnancy  
 Age  
 National Origin  
 Disability  
 Genetic Information  
 Retaliation     
**Did the discrimination include unwelcome and offensive harassment?**  
 Yes  
 No

Date (month, day, and year) when the last incident of discrimination, harassment, or retaliation occurred: \_\_\_\_\_

Full name and job title of each person involved in the discrimination, harassment, or retaliation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I swear and affirm that the foregoing information is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Complainant’s Signature

\_\_\_\_\_  
Date



## OFFICE OF CIVIL RIGHTS ENFORCEMENT

### EMPLOYMENT DISCRIMINATION INTAKE QUESTIONNAIRE

To facilitate the evaluation and investigation of your Complaint, you must answer all of the questions below completely. You may attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, please write "N/A." PLEASE PRINT CLEARLY.

THIS INTAKE QUESTIONNAIRE WILL NOT BE SENT TO THE EMPLOYER.

#### 1. Additional Personal Information

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 Alaskan Native  Asian  White  
 Black or African American  Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? \_\_\_\_\_

#### Please 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: (\_\_\_\_) \_\_\_\_\_

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

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

**Organization Contact Information** (If the organization is an employer, provide the address where you actually worked. If you work from home, check here  and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

**Organization 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

Fewer Than 15  15 – 100  101 – 200  201 – 500  More than 500

#### 3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

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

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

Job Title at Time of Alleged Discrimination: \_\_\_\_\_ Date Quit/Discharged: \_\_\_\_\_

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

**If Job 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 feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.*

Race  Religion  Sex  Pregnancy  Age  Disability  National Origin  Retaliation  Color (typically a difference in skin shade within the same race). If you checked color, religion or national origin, please specify the color, religion, and/or national origin: \_\_\_\_\_

Genetic Information—also check the type(s) involved:  Genetic Testing  Genetic Services  Family medical history.

If you checked genetic information, when did the employer receive the genetic information? \_\_\_\_\_

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

**5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.**  
*(Example: 10/02/06 – Discharged by Mr. John Soto, Production Supervisor)*

**A. Date:** \_\_\_\_\_ **Action:** \_\_\_\_\_

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

**B. Date:** \_\_\_\_\_ **Action:** \_\_\_\_\_

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

**6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Describe who was in the same situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.**

**Of the persons in the same situation as you, who was treated better than you?**

<u>Full Name</u>	<u>Race, sex, age, national origin, religion or disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____

**Of the persons in the same situation as you, who was treated worse than you?**

Full Name                      Race, sex, age, national origin, religion or disability                      Job Title                      Description of Treatment

A. \_\_\_\_\_

B. \_\_\_\_\_

**Of the persons in the same situation as you, who was treated the same as you?**

Full Name                      Race, sex, age, national origin, religion or disability                      Job Title                      Description of Treatment

A. \_\_\_\_\_

B. \_\_\_\_\_

**Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.**

9. Please check all that apply:
- Yes, I have a disability
  - I do not have a disability now but I did have one
  - No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?  Yes  No

If "Yes," what medication, medical equipment or other assistance do you use? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Did you ask your employer for any changes or assistance to do your job because of your disability?  Yes  No

If "No," please explain why not: \_\_\_\_\_

\_\_\_\_\_

If "Yes," when did you ask? \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Who did you ask? (Provide full name and job title of person): \_\_\_\_\_

Describe the changes or assistance that you asked for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did your employer respond to your request? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)**

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
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A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

**14. What other evidence do you have (check all that apply)?**  Email  Text Messages  Notes  Audio Recordings  
 Video Recordings  Journal, Diary, or Calendar Entries  Social Media Posts  Other (list and describe: \_\_\_\_\_)

**15. Have you filed a charge of discrimination on this matter with the EEOC or another agency?**  Yes  No

**16. If you filed a charge or complaint with another agency, provide the name of agency and the date of filing:**

**17. Have you sought help about this situation from a union or any other source?**  Yes  No

Provide name of organization, name of person you spoke with, and date of contact. Results, if any?

**18. Have you filed a claim for unemployment benefits with the Oklahoma Employment Security Commission?**

Yes  No

**19. Have you retained your own attorney to help you with this matter?**  Yes  No If "Yes," please give the name name and contact information: \_\_\_\_\_

**I swear that the information set forth above is true and correct to the best of my knowledge, information, and belief:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date