

EMPLOYMENT INTAKE QUESTIONNAIRE

1. Complainant(s) Contact Information:

Name: _____
 Filing on behalf of: _____
 Address: _____
 Address (Suite, Apt. etc.) _____
 City/State/Zip Code: _____
 Email Address: _____
 Telephone No: _____
 Cell Phone No.: _____
 Date of Birth: _____
 Sex: _____ Race: _____ Are you Hispanic? Yes No
 What is your National Origin? _____

2. Respondent(s) Contact Information: (person, landlord, owner, housing provider, or other entity against whom you are filing this complaint)

Name: _____
 Address: _____
 Address (Suite, Apt. etc.) _____
 City/State/Zip Code: _____
 Telephone No: _____

3. Protected Class(es): (check all reasons you have been discriminated against and specify the class, e.g., race, African American; sex, female):

- | | |
|--|---|
| <input type="checkbox"/> Race: _____ | <input type="checkbox"/> Ancestry: _____ |
| <input type="checkbox"/> Color: _____ | <input type="checkbox"/> Religious Creed: _____ |
| <input type="checkbox"/> Sex: _____ | <input type="checkbox"/> National Origin: _____ |
| <input type="checkbox"/> Age: _____ | <input type="checkbox"/> Retaliation: _____ |
| <input type="checkbox"/> Disability: _____ | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Use of Guide or Support Animal: _____ | |

4. **The Pennsylvania county where you were harmed:** _____

5. Number of Employees Employed by Respondent:

___ Fewer than 4 ___ 4 to 14 ___ 15 to 20 ___ 20+

6. **Dates of Discrimination:** Beginning: _____ Ending: _____ Continuing? Yes No

7. Describe the discriminatory conduct, with specificity, and explain why you feel that you were discriminated against because of your protected class: (e.g., denial of admittance, denial of disability accommodation, retaliation, different terms, and conditions of services provided)

- Based upon the foregoing, I/we allege that the Respondent(s) violated Section 5 of the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- The Pennsylvania Human Relations Commission has jurisdiction over this matter pursuant to the Pennsylvania Human Relations Act, 43 P.S. §§ 951-963.
- I/we pray that the Respondent(s) be required to provide all appropriate remedies under Section 9 of the Pennsylvania Human Relations Act.

I request that this case be dual-filed with the U.S. Equal Employment Opportunity Commission (EEOC), pursuant to the work-sharing agreement between the PHRC and the EEOC. Based upon the foregoing, I/we allege that the Respondent(s) violated one or more of the following federal statutes: Title VII of the Civil Rights Act of 1964 and/or The Pregnancy Discrimination Act and/or The Equal Pay Act of 1963 and/or The Age Discrimination in Employment Act of 1967 and/or Title 1 of the Americans with Disabilities Act of 1990 and/or Sections 102 and 103 of the Civil Rights Act of 1991 and/or Sections 501 and 505 of the Rehabilitation Act of 1973 and/or The Genetic Information Nondiscrimination Act of 2008.

VERIFICATION

I hereby verify that the statements above are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

Signature

Date

Printed Name

***PROVIDE A COPY OF YOUR PAYSTUB WHILE WORKING FOR RESPONDENT OR IF YOU WERE DENIED EMPLOYMENT, THE JOB ANNOUNCEMENT THAT YOU RESPONDED TO IN PDF FORMAT AS ONE DOCUMENT WITH THIS QUESTIONNAIRE. ATTACHMENTS NOT IN PDF FORMAT WILL NOT BE ACCEPTED.**