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DISABILITY ADDENDUM (Employment Complaints)

To be Completed by Agency Personnel

Charge Number _____

In order to process and further investigate your complaint of employment discrimination, we need your help in answering the following questions. These questions relate to how they apply to you as a person who has a disability, a disabled person whom you may be assisting in filing a complaint, or if you are filing a complaint because you have suffered discrimination because you are associated with a person who is disabled. The answers to these questions will remain confidential. These inquiries are requested so we may help you, not as an invasion of your privacy. Accuracy and completeness are important.

PERSONAL INFORMATION

Last Name: First Name: Middle Name:

Address: Apt or Lot #:

City: County: State: Zip Code:

Day Phone: Evening Phone:

1. Do you wish to file a charge because you have a disability?

2. Describe the physical or mental impairment:

3. As a result of a physical or mental impairment, are yousubstantially limited in performing one or more major life activities?

4. Which of the following major life activities does your disability impair? (Please check all that apply.)

- ☐ Seeing
- ☐ Hearing
- ☐ Speaking
- ☐ Walking
- ☐ Standing
- ☐ Reaching
- ☐ Breathing
- ☐ Learning
- ☐ Sitting
- ☐ Lifting
- ☐ Working
- ☐ Taking care of oneself
- ☐ Performing manual tasks
- ☐ Other?

5. What percent (%) of your job requires the activity or activities that you have identified in response to question 4?

- ☐ Less than 10%
- ☐ More than 10% but less than 33%
- ☐ More than 33% but less than 50%
- ☐ More than 50%

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6. Are you disabled as a result of a work-related injury?

7. Is your disability permanent?

8. If you answered "No" to question 7, how long is your disability expected to persist?

9. Is there a record or a history of such physical or mental impairment which limits one or more major life activities?

10. What is (was) your job title?

11. Describe your job duties/responsibilities:

12. Do you believe that your employer knows about your disability?

13.. Did you request that the employer make any accommodations for you because of your disability?

14. If "Yes", what was the accommodation?

15. When did you make the request?

16. Was it a written or verbal request?

17. To whom did you make the request?

18. What was the employer's response to your request?

19. Please indicate what you think the employer needs to do to enable you to do your job: (check all that apply)

- ☐ Assign part of your job duties to a co-worker
- ☐ Make certain facilities accessible
- ☐ Purchase or change equipment
- ☐ Reassign you to a vacant position
- ☐ Change your work schedule
- ☐ Change a company policy
- ☐ Other: (Specify)

20. Please provide copies of any medical (or social service agency) documentation which substantiates the existence of your disability and the extent to which you are limited in performing daily major life activities.

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