

## PRE-INTERVIEW QUESTIONNAIRE

*To be Completed by Agency Personnel*

R \_\_\_\_\_ S \_\_\_\_\_ T \_\_\_\_\_ Charge Number \_\_\_\_\_ Disposition \_\_\_\_\_

Answers to the following questions will be used to develop your charge and assist in the investigation of your case. 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:  State:  County:  Zip Code:

Home Phone:  Cell Phone:

Date of Birth:  **Last 4 Digits of SS# XXX-XX-**

Gender:  Race:  National Origin:

Email:  Highest school grade or college level completed:

Please provide the Name, Address, and Telephone number of a contact person who can always reach you. **DO NOT USE A PERSON WHO LIVES AT YOUR ADDRESS!!**

### CONTACT PERSON

First and Last Name:

Address:  Apt or Lot #:

City:  State:  Zip Code:

Phone:  Relationship:

### CURRENT EMPLOYER

Name:

Address:

City:  State:  Zip Code:

Phone:

COMPLAINT DATA

Type of complaint you wish to file:

Organization/company your complaint is against:

If a government agency - what type:

Address:  City:  State:  Zip Code:

Phone:  Type of Business:

Supervisor's Name:  Supervisor's Title:

Approximately number of employees in this company:  Date of hire:

Job title when hired:

Last job title held with the company you are filing against:

Number of hours you worked per week:

Salary:  Rate of Pay:

How have you been harmed:  Date harmed:

If denied hire, position applied for:  Date applied:

Has this complaint been filed with any other agency (Florida Commission on Human Relations, Miami Equal Employment Opportunity Commission) or with a union?

If yes, what agency or union:

Have you received any disciplinary notices?

If so, in the space below, please state the type of action and date.

The company's opinion or your work performance and evaluation is/was:

## YOUR COMPLAINT

Please indicate why you believe you have been discriminated against by checking all that apply to your complaint.

- Race                       Color                       National Origin                       Age
- Religion                       Sex                       Sex (Sexual Harassment)
- Sex/Pregnancy                       Having filed a previous charge/complaint
- Disability \*\*Note: If your claim is based on disability, please complete the disability addendum.
- Other                      Specify:

In the space below please indicate how and/or why you believe you were discriminated against because of your race, sex, color, religion, national origin, age, pregnancy, disability or having filed a previous charge.

In the space below please **briefly** provide the information requested.

I was informed by:                       Job title:

the reason given for my (Termination, Demotion, etc.) was:

Who committed violations similar to those you were accused of making and how did the company deal with them? Identify each person by name and job title held.

Who have you contacted within the company to try to get the problem resolved and what action did they take?

DESIRED RESOLUTION (Check all that apply):

- Back Pay                       Benefits                       Neutral Job References
- Reinstatement                       Training                       Recruiting Obligation
- Posting Requirements                       Promotion                       Harassment Ceased
- Other                      Specify:

WITNESSES

Please list below the names and contact information for each of your witnesses, if any. Witnesses are persons, other than those named in your complaint, who actually saw and/or heard events who can verify your complaint.

1) Name:

Address:

Phone:

When and what did this person see/hear?

2) Name:

Address:

Phone:

When and what did this person see/hear?

3) Name:

Address:

Phone:

When and what did this person see/hear?

4) Name:

Address:

Phone:

When and what did this person see/hear?

5) Name:

Address:

Phone:

When and what did this person see/hear?