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JHRC No. A	Assigned:

EMPLOYMENT DISCRIMINATION PRE-INTERVIEW QUESTIONNAIRE

IMPORTANT NOTICE

Completion of this form is necessary for the Jacksonville Human Rights Commission ("JHRC") to determine if you have sufficient legal grounds to file a Charge of Employment Discrimination ("Charge"). Completion of this form *does not* constitute the filing of a Charge of Employment Discrimination.

Upon receipt and review of this completed Questionnaire, an Equal Opportunity Specialist ("EOS") will contact you and may ask additional questions to clarify the facts you have presented. If the facts are sufficient, the EOS will prepare a formal Charge for you to sign and schedule a date and time for you to come into JHRC's offices to sign the Charge form. The Charge form will be notarized so you will need to present a valid picture form of identification.

If the facts are not sufficient or JHRC does not have the authority to investigate the allegations, JHRC will notify you and refer you to the appropriate agency to address your concerns, if appropriate.

Please answer all of the questions completely. If you do not know the answer, write "Not Known." If the question does not apply, write "N/A". **Please PRINT CLEARLY**.

If you do not understand a question, need assistance completing this form, or if you need this form in an alternate format, please contact JHRC's office at (904) 255-5397.

A. PERSONAL INFORMATION

□ Ms. □ Mr. □ Mrs.		
Name:	(First)	(Middle Name or Initial)
,	, ,	,
Address:		
City:	State:	Zip Code:
Phone Numbers: Home:	Work:	Mobile:
Email Address:		
When is the best time of day to rea	ach you?	
Birth Date:	Age:	Last Four Digits SS#:
My Gender is:	My Racial Ident	ity is:

My Na	ational Origi	n is:	What school/college	level did you complete	?			
	CONTACT INFORMATION: Please provide the name of a person we can contact if w are unable to reach you. Do not use a person who lives at your address!							
☐ Ms	. 🗖 Mr.	☐ Mrs.	Relationship	Relationship				
Name	e:		(First)	(Middle Name or Init	tial)			
Addre	(=====)		(Filst)		•			
			State:					
			Work:					
attor	ney's nam	e and contact in	are represented by an an afformation.					
			Email:					
			State:					
Name	e of Employe	er:						
			State:					
Phone	e Number:_		Type of Busine	ss:				
Super	rvisor's Nam	ne:	Title:					
Numb	Number of employees who work for the employer:							
Did y	ou work at a	a different locatio	on than the address provide	d above? □ Yes	□ No			
If	"Yes", what	is the address?_						
Date	hired:		Position/Job Title whe	en hired:				
Pay ra	ate when hii	red:	Hours worked	per week:				
How o	How often were you paid? ☐ Hourly ☐ Weekly ☐ Monthly							
If you	ı no longer v	work for the emp	loyer, were you laid-off or f	ired?				
Date	you were la	id-off or fired:	Last Job Title:_					
Pay ra	ate when lai	id-off or fired:	Hours worked	per week:				
If you	applied for	a iob but was n	ot hired by the employer, w	hen did you apply?				

	Wh	nat was the Job Title of the position you applied for?
Ε.		OUR DISCRIMINATION CLAIM: Please indicate why you believe you have been scriminated against. (Check and respond only to those that apply to your claim.)
		Race: If your claim is based on race, what is your race?
		Color: If your claim is based on color, what is your color?
		National Origin: If your claim is based on national origin, in what country were you born?
		Sex: If your claim is based on sex (gender), what is your sex (gender)?
		If your claim is based on sexual harassment , did you report the harassment to your employer? \square Yes \square No
		What action(s) did the employer take based on your report?
		If your claim is based on pregnancy , when did the employer learn that you were pregnant?
		What action(s) did the employer take?
		Sexual Orientation
		Gender Identity
		Age: If your claim is based on age, what is your age?
		Religion: If your claim is based on religion, what is your religion?
		Did you request an accommodation for a religious practice or belief? $\ \square$ Yes $\ \square$ No
		If "Yes", what was the employer's response to your request?
		Disability: If your claim is based on disability, what is your disability?
		Did you request an accommodation for your disability? ☐ Yes ☐ No
		Note: If your claim is based on your disability, please complete the Disability Addendum – Employment
		Marital Status: If your claim is based on marital status, please indicate whether you are:
		☐ Single ☐ Married ☐ Divorced
		Retaliation: If your claim is based on retaliation, have you:
		Previously filed a claim of discrimination using your employer's internal procedures?
		□ Yes □ No
		Previously filed a claim of employment discrimination with: EEOC:

JHRC:	Yes	□N	O	Union:	☐ Yes	☐ No	
Florida	Commis	sion on H	luman Re	elations	☐ Yes	□ No	
YOUR ALL	EGATION	S: The n	nost rece	ent date	of harm to	ok place o	n:
Date:		На	rm: 🗖 Di	scharge	☐ Lay-Off	□ Disc	ciplinary Action
☐ Failure to	Promote	☐ Har	rassment	☐ De	motion	☐ Denied	Transfer
☐ Failure to	Hire	□ Unequa	al Wages	□ Une	qual Benefit	s 🗖 Fail	ure to Recall
Other:							
Name & Tit	le of Perso	on(s) Resp	onsible:_				
What reaso	n(s) did tl	ne employ	er give fo	or the alle	ged discrimi	natory trea	ntment?
Who comm	itted simil	ar violatio	ons and wa	as treated	l differently	·	
Date:		Harm	ı: 🗆 Di	scharge	☐ Lay-Off	□ Diso	ciplinary Action
□ Failure to	Promote	☐ Har	assment	□ De	motion	□ Denied	Transfer
B . a.i.a. c cc		D Hai	assilienc				
							ure to Recall
☐ Failure to	Hire	□ Unequa	al Wages	□ Une	qual Benefit	s 🗖 Fail	
☐ Failure to) Hire	□ Unequa	al Wages	□ Une	qual Benefit	s □ Fail	ure to Recall
☐ Failure to Other: Name & Tit	Hire He of Perso	□ Unequa	al Wages ponsible:_	□ Uned	qual Benefit	s 🗖 Fail	ure to Recall
☐ Failure to Other: Name & Tit	Hire He of Perso	□ Unequa	al Wages ponsible:_	□ Uned	qual Benefit	s 🗖 Fail	ure to Recall
☐ Failure to Other: Name & Tit	Hire He of Perso	□ Unequa	al Wages ponsible:_	□ Uned	qual Benefit	s 🗖 Fail	ure to Recall
☐ Failure to Other: Name & Tit What reaso	Hire le of Person(s) did tl	□ Unequa	oonsible:_ ver give fo	□ Uned	qual Benefit ged discrimi	s □ Fail	ure to Recall
☐ Failure to Other: Name & Tit What reaso	Hire le of Person(s) did tl	□ Unequa	oonsible:_ ver give fo	□ Uned	qual Benefit ged discrimi	s □ Fail	ure to Recall
☐ Failure to Other: Name & Tit What reaso Who comm	e of Person of the of t	□ Unequa	oonsible:_ ver give fo	uned or the allegate as treated	qual Benefit	natory trea	ure to Recall
☐ Failure to Other: Name & Tit What reaso Who comm Date:	le of Person(s) did the	□ Unequa	oonsible:_ ver give fo	uned or the allegas treated scharge	ged discrimi	natory trea	ure to Recall atment? ciplinary Action
□ Failure to Other: Name & Tit What reaso Who comm Date: □ Failure to	le of Person(s) did the similar of Promote	□ Unequation(s) Response employement of the control of the contro	oonsible:_ ver give fo	□ Uned	ged discrimi	natory trea	ure to Recall atment? ciplinary Action
□ Failure to Other: Name & Tit What reaso Who comm Date: □ Failure to □ Failure to	le of Person(s) did the similar promote of Hire	□ Unequation(s) Response employed ar violation □ Harm □ Har	oonsible:_ ver give for ons and wards:	uned or the allegate as treated scharge	ged discrimid differently diff	natory trea	ure to Recall atment? ciplinary Action Transfer ure to Recall
Date: Failure to Other: Name & Tit What reaso Who comm Failure to Other:	e of Person (s) did the similar tree similar tree of Promote of Hire	on(s) Response employeme employeme Harm Harm Unequa	oonsible:_ ver give fo	uned or the allegas treated scharge uned uned uned uned uned uned uned une	ged discriming Lay-Offermotion	natory trea	ure to Recall atment? ciplinary Action Transfer

Who committed similar violations and was treated differently?
If you were denied a promotion , when did you apply?
What was the job title of the position you applied for?
What date was the job position posted?
Who received the promotion you were seeking?
If you were harassed , who harassed you?
When did the harassment start?
Is the harassment still continuing? ☐ Yes ☐ No Ending date
Please provide two or three examples of the harassment you experienced:
Did you report the harassment? ☐ Yes ☐ No
If "Yes", to whom did you report the harassment? Name & Title:
Did the harassment stop after you reported it? ☐ Yes ☐ No
If "No", how often does the harassment occur?
Why do you believe the actions taken against you were discriminatory?

WITNESSES: Please ider	ntify any witness	ses to the alleged	d discrimi	inatory inciden
Name:				
Address:				
City:		_State:	Zip	Code:
Phone Number:		_Email:		
What did this person see or	hear?			
Name:				
Address:				
City:		_State:	Zip	Code:
Phone Number:		_Email:		
What did this person see or	hear?			
Name:				
Address:				
City:		_State:	Zip	Code:
Phone Number:		_Email:		
What did this person see or	hear?			
DESIRED RESOLUTION:	What would you	ı be willing to acc	cept to re	esolve this mat
☐ Neutral Job References	☐ Promotion	☐ Harassment	Stopped	☐ Back Pay
☐ Posting Requirements	☐ Benefits	☐ Reinstatemer		☐ Training
☐ Other (Please Specify):_				
OTHER ASSISTANCE:				
OTHER ASSISTANCE: Have you sought assistar or from any other source	_	ner government a Yes □ No	agency, a	ittorney, the U

	If "Yes", when did you file:Charge No. (If known):	
J.	HOW DID YOU HEAR ABOUT FILING A CHARGE OF DISCRIMINATION WITH JHRC?	
	Referred by:	
	Radio/print/social media advertisement (if yes, which ad):	_
	Other:	
	PLEASE READ AND SIGN	
1.	I understand that completion of this Questionnaire is necessary for the JHRC to determine have sufficient legal grounds to file a Charge of Employment Discrimination.	if I
2.	I understand that the completion of this Questionnaire does not constitute the filing of a Chaof Employment Discrimination.	arge
3.	I understand that to be timely filed, a Charge of Discrimination must be filed within 180 day the date of the most recent act of the alleged discrimination. If a Charge is filed after 180 c but within 300 days, the JHRC will not investigate my Charge but will forward it to the Equal Employment Opportunity Commission ("EEOC") for processing and investigation.	lays
4.	I understand that this Questionnaire will be considered confidential and will not be discled (except to the parties to this proceeding, including the employer and its legal representat as long as the case remains open unless it becomes necessary for JHRC to disclose Questionnaire in a formal proceeding.	ive)
Qu	nder penalty of perjury, I declare that I have read the entire contents of t uestionnaire and that my answers and statements contained herein are true to prrect.	
Pri	rint Name:	
Sig	gnature:Date:	