

INTAKE QUESTIONNAIRE  
DISCRIMINATION PROGRAM

Please answer the following questions. Please print. *Completion of this form does not constitute the filing of a Charge.*

**(1) YOUR NAME:** \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ (CELL): \_\_\_\_\_ (WORK): \_\_\_\_\_

EMAIL: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

How and where do you prefer to be contacted? \_\_\_\_\_

SEX: \_\_\_\_\_ HISPANIC / LATINO? \_\_\_\_\_ RACE: \_\_\_\_\_ NATIONAL ORIGIN: \_\_\_\_\_

**(2) RESPONDENT (WHO IS YOUR COMPLAINT AGAINST)?**

Company \_\_\_\_\_ Telephone # \_\_\_\_\_

Delaware Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Does Respondent have more than one site? \_\_\_\_\_ How many people are employed by Respondent? \_\_\_\_\_

Respondent is: \_\_\_\_\_ Employer \_\_\_\_\_ Labor Organization \_\_\_\_\_ Employment Agency

**(3) YOUR EXPERIENCE WITH RESPONDENT:**

Date(s) of your employment \_\_\_\_\_ Date(s) of action taken against you \_\_\_\_\_

**(4) BRIEFLY DESCRIBE YOUR COMPLAINT:** \_\_\_\_\_

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

**(5) WHY DO YOU BELIEVE RESPONDENT TOOK THIS ACTION AGAINST YOU?** \_\_\_\_\_

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

**(6) WHAT DOCUMENTATION DO YOU HAVE?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date