

A.D.A. QUESTIONNAIRE

NAME: _____

DATE: _____

Please answer all of the following to the best of your ability. If a question does not seem to apply to you, move on to the next one.

Please answer each question on this questionnaire completely and accurately. Incomplete answers may delay the processing of your charge or could even result in the dismissal of the charge. Therefore, if the answer to any question is “no” or “not applicable,” please so indicate. If additional space is needed to answer any question(s), please attach additional pages. When all questions are answered, please sign and date the form and return it to this office.

1. Identify your disability. Provide the medical name for your disability, if known, as well as a general description of your disability in non-medical terms. Using the chart below as a guide, indicate what major life activities (such as walking, lifting, breathing, hearing, etc.) are affected by your disability and describe the extent to which each identified activity is affected: _____

MAJOR LIFE ACTIVITIES

(Including, but not limited to; check all that apply):

<input type="checkbox"/>	Breathing	<input type="checkbox"/>	Reproduction
<input type="checkbox"/>	Caring for oneself	<input type="checkbox"/>	Seeing
<input type="checkbox"/>	Concentrating	<input type="checkbox"/>	Sitting
<input type="checkbox"/>	Eating	<input type="checkbox"/>	Sleeping
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Speaking
<input type="checkbox"/>	Interacting with others	<input type="checkbox"/>	Standing
<input type="checkbox"/>	Learning	<input type="checkbox"/>	Stooping
<input type="checkbox"/>	Lifting	<input type="checkbox"/>	Thinking
<input type="checkbox"/>	Performing manual tasks	<input type="checkbox"/>	Walking
<input type="checkbox"/>	Reaching	<input type="checkbox"/>	Working (broad category of jobs)
<input type="checkbox"/>	Reading (limitations caused by disability)	<input type="checkbox"/>	Other (Identify the activity and explain why it constitutes a major life activity):

2a. Is your disability permanent or of a temporary nature? _____

2b. When was your disability first diagnosed? _____

2c. If your impairment was caused by an accident or injury, when did that accident or injury occur? _____

2d. Is your disability worsening, improving, or generally remaining the same? Explain how.

3a. Do you utilize any assistive device(s) (for example, eyeglasses, hearing aid, artificial limb, medicine, etc.) which increases your ability to perform the major life activity(ies) which you previously identified as being affected by your disability?

yes____ no____

3b. If the answer to the above question was “yes,” describe the assistive device(s):

3c. Explain to what extent using the assistive device(s) increases your ability to perform the major life activities previously described (for example, if your disability is related to vision, explain to what extent you still have vision problems even when using eyeglasses or other assistive devices related to your eyesight). _____

3d. Are there any side effects caused by your use of the above noted assistive device(s)?

yes____ no____

3e. If yes to the above, do these side effects in any manner affect your ability to perform one or more major life activity(ies) (as identified on page 1)?

yes____ no____

3f. If yes, describe what major life activity(ies) is/are affected and in what manner:

6. Describe how, when, and which employer (Respondent) management officials became aware of your disability and any job-related limitations or restrictions caused by that disability: _____

7a. Have any employer (Respondent) managers or supervisors made negative comments concerning your disability?

yes ____ no ____

7b. If yes, identify all such managers or supervisors by name and title: _____

7c. Describe the comments (including what was said and when it was said) made by each such manager or supervisor identified above: _____

7d. Identify all witnesses by name, address, and phone number (if known) who would be able to testify about the above statements: _____

8a. Do you (or did you at the time in question) need a reasonable accommodation in order to perform the job in question?

yes ____ no ____

8b. If yes, describe what part or parts of the job you required an accommodation: _____

8c. Indicate how frequently this part of the job is done and the importance of this part of the job to the total job.

9a. Are you (or were you) able to perform all parts of the job in question other than the part(s) described above for which you were require an accommodation?

yes____ no____

9b. Describe the major functions of the job which you are able to perform without an accommodation: _____

10a. Have you ever sought a reasonable accommodation from that employer because of your disability?

yes____ no____

10b. If yes, describe the circumstances surrounding your request, to include: date of request, name and job title of the person(s) to whom the request was made, the type of accommodation requested, and response(s) if any, to the request. _____

11a. Are there any witnesses, written records, or other means available to verify that you made this request for reasonable accommodation and/or that your request was denied, was not acted upon, or was not met in a manner satisfactory to you?

yes____ no____

11b. If yes, describe the means by which this can be verified:_____

12a. If the Respondent has taken action against you because you are viewed as being a “direct threat” (i.e., that because of your disability you pose a threat to your own safety or the safety of co-workers), provide the name and title of the Respondent representative who informed you of this, when this occurred, whether this was done orally or in writing, and what reason(s) was/were given for considering you a threat: _____

12b. To the best of your knowledge, to what extent was this decision that you were a “direct threat” based on medical information? _____

12c. Describe whether Respondent attempted to provide a reasonable accommodation to you to reduce or eliminate the threat or transfer you to another position. _____

13a. If your disability was caused by or made worse by a job-related injury or accident, did you apply for worker’s compensation or social security benefits?

yes ____ no ____

13b. If yes, were you awarded such compensation or benefits?

yes ____ no ____

13c. For what period of time were you on worker’s compensation or SSI? _____

13d. If you are still on worker’s compensation or SSI, (or were on worker’s compensation or SSI at the time of the alleged discrimination) explain how you would be able to perform the essential functions of your regular job with or without an accommodation while still on worker’s compensation or SSI: _____

14a. If you claiming that you are not disabled, but that Respondent incorrectly “perceived” or “regarded” you to have a disability which severely impacts upon one or more major life activities, describe what disability you are perceived as having: _____

14b. State which Respondent representatives (by name and job title) perceive you as having this disability: _____

14c. Why do you believe that the person(s) named above perceives you as having this disability? _____

14d. Identify any witnesses or documents which would help establish that the Respondent's representative(s) identified above perceived you as having this disability: _____

15a. If you are claiming that Respondent discriminated against you not because you currently have or had at the time of the alleged discrimination a disability, but because you have a "record of" having at one time had a disability which affected one or more major life activities, identify the disability(ies) for which there is such a record known to the employer: _____

15b. What Respondent representative(s) (by name and job title) are aware that you have a record of having previously had this disability? _____

15c. What makes you think the Respondent representative(s) named above is/are aware that you have such a record of a prior disability? _____

15d. Identify any witnesses or documents which would help establish that the Respondent's representative(s) named above is aware that you have such a record of a prior disability: _____

15e. Explain why you think that your having a record of the named disability caused the Respondent to discriminate against you: _____

16. Identify by name (include address and phone number, if known) any others who have been discriminated against in the same manner as you because of his/her disability:

Additional space to answer questions. Please indicate the question number you are referencing.

I declare under penalty of perjury that all of the information I have given in this document is true and correct to the best of my knowledge.

Signature

Date