

Utah Antidiscrimination & Labor Division Employment Discrimination 160 East 300 South, 3rd Floor INTAKE QUESTIONNAIRE PO Box 146630 Salt Lake City, UT 84114-6630 Phone: 801-530-6801 Fax: 801-530-7609 Email: discrimination@utah.gov	FOH _____ LOR _____ Intake Waiver _____ LOH _____ 180 _____ 300 _____	
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DO NOT WRITE ABOVE THIS LINE – FOR UALD STAFF ONLY



This form does not represent a Charge of Discrimination with the Utah Antidiscrimination and Labor Division (the “Division”). In order to file a Charge with the Division, you must first complete and return all four pages of this form and return it to the Division by e-mail to discrimination@utah.gov, or mail to the address above. **REMEMBER**, a charge of employment discrimination must be filed with the Division within the time limits imposed by law, which is 180 days from the date you knew about the discrimination. However, in cases within 300 days, the Division will process and waive the charge to the Equal Employment Opportunity Commission. When the Division receives this form, it will review it to determine Division coverage. **Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating “not known.” If a question is not applicable, write “N/A.” (PLEASE PRINT).** The Division will use the information in this Intake Questionnaire to draft a Charge and send it to you. **The Division can only open a case after it has received your signed, notarized Charge back.** To help the Division identify the correct Employer, please provide a copy of a W-2 or paycheck with this Questionnaire, where available.

1. Personal Information

Last Name: _____ First Name: _____ MI: _____
 Street or Mailing Address: _____ Apt or Unit #: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone Numbers: Home: (____) _____ Work: (____) _____ Cell: (____) _____

YOU MUST PROVIDE THE DIVISION WITH YOUR EMAIL ADDRESS: Please be advised that the Division will send all written correspondence via e-mail unless you elect to receive communications with the Division via U.S. Mail and opt out of e-mail communication below:

Check this box to opt out of e-mail communication and for all communication with the Division to be via U.S. mail.

Email Address: _____ Date of Birth: (MM/DD/YYYY) _____

Sex: Male Female Intersex Decline to specify Do You Have a Disability? Yes No

Please answer each of the next three questions:

- i. Are you Hispanic or Latino? Yes No
- ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific
- iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: (____) _____ Other Phone: (____) _____ Email: _____

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the organization name listed on your W-2 tax form OR paycheck, and the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) **If more than one employer is involved, attach additional sheets.**

Organization Name¹: _____

Alternate Name for your Employer²: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Type of Business: _____ Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: _____ Phone: (____) _____

Number of Employees in the Organization at All Locations: Please Check One

Fewer Than 15 15 or more Number of Employees Unknown

3. Your Employment Data (Complete as many items as you are able.) **Are you a federal employee?** Yes No

Date Hired: _____ Job Title At Hire: _____

Pay Rate When Hired: _____ Last or Current Pay Rate: _____ Job Title: _____

Date Quit/Discharged: _____ Quit Terminated Forced to quit Currently employed

Name and Title of Immediate Supervisor: _____

If Job Applicant, Date You Applied for Job: _____ Job Title Applied For: _____

4. What is the reason (basis) for your claim of employment discrimination? *FOR EXAMPLE, if you feel that you were treated worse than someone else, or subjected to unwanted conduct, because of race, you should check the box next to Race. If you feel you were treated worse, or subjected to unwanted conduct, for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation (listing the date(s) of complaints, and people you complained to below).*

Race Sex Age Disability Gender Identity Sexual Orientation National Origin Religion Retaliation
 Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information
 Religious Liberty (you expressed your religious or moral beliefs in the workplace or religious, political, or personal convictions, outside of the workplace)

Please specify your color, religion, gender identity, or national origin, if checked above: _____

Other reason (basis) for discrimination (Explain): _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. **Please attach additional pages if needed.** (Examples: 10/02/18 – Discharged by Ms. Kimberly Jackson, Director; 5/19/19 Unwanted touch by Mr. John Soto, Production Supervisor)

A. Date: _____ **Action:** _____

¹ Please identify the name of the company as it shows on your paystub and/or W-2.

² If the name you commonly use to refer to your employer is something other than the name listed on your paystub or W-2, please provide that name here.

Name and Title of Person(s) Responsible: _____

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory/retaliatory? Please attach additional pages if needed.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, gender identity, sexual orientation, pregnancy status, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated *worse* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. _____

B. _____

ANSWER QUESTIONS 9-12 ONLY IF YOU ARE CLAIMING DISCRIMINATION BASED ON DISABILITY. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:
- Yes, I have a disability
 - I do not have a disability now but I did have one
 - No disability but the organization treats me as if I am disabled

10. **What is the disability that you believe is the reason for your employer treating you differently? Does this disability prevent or limit you from doing anything?** (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.). _____

11. **Did you ask your employer for any changes or assistance to do your job because of your disability?** Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person) _____

Describe the changes or assistance that you asked for: _____

How did your employer respond to your request? _____

12. **Are there any witnesses to the incidents described in this questionnaire? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)**

<u>Full Name</u>	<u>Job Title</u>	<u>Address & Phone Number</u>	<u>What do you believe this person will tell us?</u>
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A. _____

B. _____

13. **Have you filed a charge previously on this matter with the DIVISION or another agency?** Yes No

14. **If you filed a complaint with another agency, provide the name of agency and the date of filing:** _____

15. **Are you represented by an attorney?** Yes No Please provide contact information of the attorney below:

If you would like to file a charge of job discrimination, you must do so either within 300 days from the day you knew about the discrimination. **If you do not file a charge of discrimination within the time limits, you will lose your rights.**

<p>Please check one:</p> <p><input type="checkbox"/> I want to talk to a Division employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the Division. I also understand that I could lose my rights if I do not file a charge in time.</p> <p><input type="checkbox"/> I want to file a charge of discrimination, and I authorize the Division to look into the discrimination I described above. I understand that the DIVISION must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the Division can only accept charges of job discrimination based on race, color, religion, sex, gender identity, sexual orientation, pregnancy, religious liberty, national origin, disability, age, genetic information, or retaliation for opposing discrimination.</p>

Signature

Today's Date

In submitting this form, you agree to advise the Division of any change in your address/e-mail/telephone number. You also agree to notify the Division in writing if your legal representation changes during the course of the investigation. Such notice must be sent directly to the Case Manager or the Director, in care of the Division. Failure to cooperate may result in the dismissal of the charge or issuance of findings based on the information contained in the file.