

Corpus Christi Human Relations Commission
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Staff Use Only:
STAFF INITIAL _____

EMPLOYMENT DISCRIMINATION INTAKE QUESTIONNAIRE
 (If you file a Charge of Discrimination, your identity will be disclosed to the alleged violator.)

(Should you require an alternate format (font size, etc.), please contact us at 361-826-3190)

A charge of employment discrimination must be filed within 300 days of the alleged discrimination. **Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Federal law requires an employer must have a minimum of 15 employees.**

(PLEASE PRINT)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____
 Street or Mailing Address: _____ Apt Or Unit #: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone Numbers: Home: (____) _____ Cell : (____) _____ Email Address: _____
 Date of Birth: _____ Sex: Male ___ Female ___ Race: _____
 National Origin / Ethnicity: _____ Do You Have a Disability? Yes No

Contact Information (An individual who will know how to contact you at all times.)

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

EMPLOYMENT INFORMATION

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

Employer _____ Union _____ Employment Agency _____ Other (Please Specify) _____

1. Name of Employer / Organization

Name: _____
 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

- Less Than 15 15 – 100 101 – 200 201 – 500 More 500

2. Your Employment Data

Are you currently employed by the above-named employer? Yes No

If No, Last Date of Employment: _____ Resigned Laid-Off Discharged

Date Hired: _____ Job Title At Hire: _____

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

Job Title at Time of Alleged Discrimination: _____

Name and Title of Immediate Supervisor: _____

If You are an Applicant, Date You Applied for Job _____ Job Title Applied For _____

BASIS FOR DISCRIMINATION

*FOR EXAMPLE, if you are over the age of 40 and feel you were treated different than younger employees **or** you have other evidence of discrimination, you should check (✓) **AGE**. If you feel that you were treated different than those not of your race **or** you have other evidence of discrimination, you should check (✓) **RACE**. If you feel the adverse treatment was due to multiple 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 if you filed a charge of discrimination and a negative action was threatened or taken, you should check (✓) **RETALIATION**.*

CHECK AND IDENTIFY ONLY THOSE BASIS THAT APPLY TO YOUR COMPLAINT

I believe that I have been discriminated against based on one or more of the following: (check all that apply & identify)

Race: _____ National Origin: _____ Color: _____ Disability: _____

Religion: _____ Age (Over 40): _____ Years old Sex: Male / Female/ Pregnancy Genetics

Retaliation (for protesting a prohibited employment practice **or** filing/participating a previous charge of discrimination)

Equal Pay Act (between male/female) Other _____

Most Recent Date of Alleged Discriminatory Act: _____

3. Explain what occurred that you believe was discriminatory? (List incidents in chronological order, with the most recent incident listed first. Include the date(s) of harm, action(s) and include the name(s) and title(s) of the persons who you believe discriminated against you. (Example: 10/02/06 – John Doe, Operations Manager. Received Written Warning).

A) Date: _____ Name/Title of Person(s) Responsible: _____

Action: _____

B) Date: _____ Name/Title of Person(s) Responsible: _____

Action: _____

C) Date: _____ Name/Title of Person(s) Responsible: _____

Action: _____

Describe any other actions you believe were discriminatory.

(Attach additional pages if needed to complete your response.)

4. What reason(s) were given to you for the acts you consider discriminatory? By whom? Title?

5. **Comparables: Name and describe others who were in the same situation as you.** Explain any similar or different treatment. Who was treated worse, who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of comparator(s) if known and if connected with your claim of discrimination. Add additional sheets if needed.

Full Name	Job Title	Description
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IF YOU CHECKED DISABILITY AS A BASIS OF DISCRIMINATION, ANSWER QUESTIONS 6-8. If not, skip to question 9.

6. Please check all that apply:

- Yes, I have an actual disability
- I have had an actual disability in the past
- No disability but the organization treats me as if I am disabled

7. If you are alleging discrimination because of your disability, **what is the name of your disability?** How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).

8. Did you ask the employer for a reasonable accommodation because of your disability? YES NO
Did you submit a Physician's Statement/report along with your request? YES NO
Did you need this assistance or change in working condition in order to do your job? YES NO
If "YES", when? _____ To whom did you make the request? Provide full name/title of person _____ How did you ask (verbally or in writing)? _____
Describe the assistance or change in working condition requested? _____

9. Are there any witnesses to the alleged discriminatory incidents? [Person(s) with relevant information / direct knowledge of your allegations / situation.] If yes, please identify them below. Add additional pages if necessary.

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

10. Have you filed a charge previously in this matter with EEOC or another agency? YES NO

11. If you have filed a complaint with another agency, provide name of agency and date of filing:

12. If you are being represented by an attorney, a union, or any other source, please provide our office with a Letter of Representation

13. What solution are you seeking to resolve your complaint?

PRIVACY ACT STATEMENT

(This form is covered by the Privacy Act of 1974; Public Law 93-579. Authorities for requesting the personal data and the uses thereof are given below.)

1. **FORM NUMBER / TITLE / DATE.** CCHRC Form 1, Intake Questionnaire, December 1999; Updated November, 2009.
2. **AUTHORITY.** City of Corpus Christi Ordinance No. 023411, as amended, Chapter 24, Article IV; Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e-4; and/or the Americans with Disabilities Act of 1990, 42 U.S.C. 12101 et seq.
3. **PRINCIPAL PURPOSE.** The purpose of this questionnaire is to solicit information to enable the Commission to avoid the intake of matters not within its jurisdiction.
4. **ROUTINE USES.** Information provided on this form will be used by Commission employees to determine the evidence of facts relevant to a decision as to whether the Commission has jurisdiction over potential charges, complaints or allegations of employment discrimination. Information provided on this form may be disclosed to other state, local, and federal agencies as may be appropriate or necessary in carrying out the Commissioners functions, including employment practice laws. Information may also be disclosed to charging parties in consideration of, or in connection with litigation.
5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND THE EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.** The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.