



County of Allegheny

HUMAN RELATIONS COMMISSION
920 CITY-COUNTY BUILDING
414 GRANT STREET
PITTSBURGH, PENNSYLVANIA 15219
PHONE (412) 350-6830 ♦ FAX (412) 350-5230

EMPLOYMENT INTAKE FORM

COMPLAINANT INFORMATION	RESPONDENT INFORMATION
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Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Assigned Sex at Birth:

Race: _____

Current Gender
Identity:

Type of business: _____

YES NO

Disability:

Owner or CEO: _____

Please describe: _____

Approximate # of employees: _____

For age discrimination complaints ONLY

Date of birth: _____

OTHER AGENCIES

Has the Complainant filed with the PHRC? YES NO

Has the Complainant filed with EEOC? YES NO

Has the Complainant filed with PghCHR YES NO

With other agencies? Be specific _____

SETTLEMENT INFORMATION

What is the Complainant present rate (please circle appropriately)

\$ _____ per hour / week / bi-weekly/ month / annual

What relief is the Complainant seeking (it must be related this issue): _____

What is the minimum that the Complainant is willing to accept (it must be related to this issue)?

Does the Complainant still want the job in question? YES NO

Is the Complainant currently employed? YES NO

Start date: _____ Where? _____ Rate: _____

Is the Complainant receiving unemployment benefits? YES NO

Weekly rate of unemployment benefits: \$ _____

GENERAL INTAKE QUESTIONS

(Employment)

(Applicable questions are to be answered by the Complainant to the best of his/her ability and recorded below. Complainant may use additional paper if needed)

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently or less favorably than those in a different class.

2. What position did you hold or were you seeking with the organization identified in the complaint.

3. Provide your reasons for your belief that the action taken against you was discrimination on the bases you stated earlier.

4. What reason was given to you for the action taken against you or for the treatment you received that you are complaining about?

5. Are the reasons for the action taken against you by the organization accurate?

6. Describe the organization's policy or usual practice(s) that govern the actions being complained about. (How has the Respondent done things in the past?)

7. Has anyone else been treated as you were under similar circumstances? Please list them and identify by protected class (sex, religion, disability, etc.). What happened to him or her?

8. Name other people who have been treated differently or more favorably under similar circumstances. Please list them and identify their protected class (sex, religion, disability, etc.). What happened to him or her?

9. Where the organization gave a reason for any action taken against you, can you name any employee who did the same thing or something worse who was not treated the same as you? What happened to him or her?

10. What date did the harm happen? Is the harm continuing?

CLASS IDENTIFICATION AND STATISTICS

1. How did the Respondent know your bases (race, age, sex, religion, disability, etc.)?

2. How many people in your department? Bases ?

3. How many people with your job title? Name, Bases?

4. Who is your immediate supervisor? Bases _____

5. Who are your supervisor's supervisors? Who else does your supervisor supervise?
Bases?

PERFORMANCE

1. Describe your job. What is your job description?

2. Who did your last job evaluation?

- What is their name?

- What is their position?

- Bases (race, age, sex, religion etc.):

3. What were the results of your evaluation?

4. Were you on probation?

YES

NO

5. Did your supervisor comment (or provide feedback) on your performance?

YES

NO

- **If yes, what were the comments/feedback:**

TERMINATION OR DISCIPLINE

2. What was said or done? When? Any witnesses? _____

3. Did you or anybody else report these statements or actions to management? Who? Bases? When?

4. What was done? _____

ADDITIONAL QUESTIONS

1. Is there anything else you wish to add?

2. Has there been any retaliation for opposing discriminatory practices?

3. Do you have any documents to submit?

WITNESS INFORMATION

(Complainant should fill out a separate form for each witness.)

For each witness please provide the following information:

- 1. Name / Title / Relationship to you /Contact information

- 2. What was the individual a witness to?

- 3. Was this person in a position to personally observe what occurred?

YES **NO** **DON'T KNOW**

- 4. Would this person be able to provide the Commission with a statement?

YES **NO** **DON'T KNOW**

- 5. Is this witness a current employee/agent/tenant of the organization against which the charge is file?

YES **NO**