

**Oregon Bureau of Labor and Industries
CIVIL RIGHTS DIVISION
Employment Discrimination Questionnaire**

PLEASE PRINT CLEARLY

YOUR NAME _____
(First) (Middle Initial) (Last)

Mailing Address _____

City/State/Zip _____

Home Phone () _____

Other Phone () _____ Date of Birth _____

Gender: M F Race _____ National Origin _____

CONTACT (a person who does not live with you but can contact you):

Name _____ Home Phone () _____

Address _____ City/State/Zip _____

ATTORNEY (if any) representing you in this civil rights complaint:

Name _____ Phone _____

Firm Name _____

Address _____ City/State/Zip _____

EMPLOYER:

Company Name _____

What is the company name on your paycheck? _____

Phone () _____ Type of Business _____

Workplace Address _____

City/State/Zip _____ County _____

Contact Person (name, title) _____

Mailing Address (if different) _____

Is there a headquarters at a different address? Yes No

Headquarters Address (if known): _____

How many employees work for this employer nationwide? _____

How many employees work in Oregon for this employer?

1-5 ___ 6-14 ___ 15-20 ___ 21-24 ___ 25-49 ___ 50+ ___

Are/were you employed by a temporary agency? Yes No

If yes, name of agency _____

This section for office use only:
DV _____

File # _____

Charge Drafted on _____ by _____

Tort sent date _____ by _____

ST Entry

by _____ date _____

Intake Assigned: Date: _____

To: _____ By: _____

Priority Due: _____

Contract	Juris	Basis
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Branch _____ County _____

First contact _____

First DOD _____

Most Recent DOD _____

Continuing: Y N

SX: M F

RC: _____

NO: _____

Rp type _____ Size ___/___

Contract: DP AG EE

Basis: _____

Issues: _____

Q: sent: _____ PC ___ INT ___

REQUIRED INFORMATION - YOU MUST COMPLETE EACH SECTION ON THIS PAGE

Describe your employment status. Choose *one* of the following rows unless you were applying for a vacant position at your current employer.

Complete this row if you were discriminated against when you applied for a job or promotion	Position applied for:	Date applied:	Date informed you did not get the position:
Complete this row if you are a current or former employee	Job title: Date of hire:	Choose one: <input type="checkbox"/> still employed <input type="checkbox"/> fired <input type="checkbox"/> laid off <input type="checkbox"/> resigned	If you are no longer working for this employer, date when your job ended:

I was subjected to an unlawful employment practice based on one or more of the following:

<input type="checkbox"/> Race/Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Injured Worker (complete pg 5)
<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Sexual Orientation or Gender Identity
<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Oregon Family Leave (complete pg 8)
<input type="checkbox"/> Whistleblowing	<input type="checkbox"/> Disability (complete pg 7)	<input type="checkbox"/> Domestic Violence Victim (Complete Pg 9)
<input type="checkbox"/> Veterans Preference (Complete pg 10)		
<input type="checkbox"/> Reporting or opposing a workplace health or safety hazard (OSHA) (complete pg 6)		
<input type="checkbox"/> Other (See enclosed booklet for a list of commonly used protected classes.)		

The first date I was discriminated against was: _____

The most recent date I was discriminated against was: _____

1. Briefly describe the harm(s) you are complaining about (e.g., termination, discipline, suspension, failure to hire or promote, harassment, reduction in hours, failure to reinstate):

2. What reason did your employer give for the action(s) you are complaining about?

3. Describe specifically what the employer did that you think was an unlawful employment practice based on the protected class or activity stated above. *Include the specific action that you think is unlawful, what happened, who did it, and why you think it was because of your protected class or activity.* Use additional pages if necessary.

EXAMPLE:

Date: 9/10/07 **Harm:** Salary difference / not given raise

Description: Manager Jim gave the men raises, but none of the women, including me, received a raise.

Date: _____ **Harm:** _____

Description: _____

Date: _____ **Harm:** _____

Description: _____

Date: _____ **Harm:** _____

Description: _____

4. Was anyone else treated like you under the same conditions (e.g., disciplined by the same manager)? If so, give the person(s) name(s) and explain why you think they were treated that way.

5. Was anyone else treated differently than you under the same conditions (e.g., not disciplined by the same manager for doing the same thing you were disciplined for)? If so, give the person(s) name(s) and explain why they were treated differently.

6. List the name(s) and contact information of anyone who has *first-hand* knowledge of the harm(s) you are alleging. List your *best* witness(es).

Witness Name: _____ Contact phone: _____

What did this person witness? _____

Witness Name: _____ Contact phone: _____

What did this person witness? _____

Witness Name: _____ Contact phone: _____

What did this person witness? _____

FOR INJURED WORKER COMPLAINTS ONLY

It is against the law to discriminate against or retaliate against an employee because the employee has been injured at work, reported a work related injury or filed a Workers' Compensation claim. In certain circumstances, employees may have rights to light duty work, and/or the right to return to their former job when fully released to do so. If you feel you were discriminated against because of a workplace injury, fill out this section.

If you are reporting more than one incident or date, copy and fill out a separate page for each.

Date of injury _____

Were you injured while performing your job? Yes No

Did you apply for Workers' Compensation? Yes No If yes, when? _____

The claim is currently: Accepted Denied Pending On Appeal Closed/Settled

If you did not file a Workers' Compensation claim, explain why not: _____

What is/was the diagnosis: _____

Were you taken off work? Yes No If yes, when were you off work? From: _____ To: _____

Do you have permanent restrictions due to your workplace injury? Yes No

If yes, what are they? _____

LIGHT DUTY RELEASE:

Were you released to work with restrictions? Yes No If yes, when? _____

What were your restrictions? _____

Did your employer have a vacant position that was suitable, based on your skills and restrictions? Yes No

Note: An employer is not required to create a job or modify your existing job because of a workplace injury.

If yes, what was the position? _____

Did you ask your employer for an available, suitable position? Yes No Date: _____

Did your employer offer you a light duty position? Yes No Did you accept the position? Yes No

If no, did your employer place you on OFLA leave? Yes No

FULL DUTY RELEASE:

Date you were released to full duty without restrictions: _____

Did you ask for your job back? Yes No If yes, on what date? _____

Were you returned to the job you held at the time of injury? Yes No If yes, on what date? _____

If no, did your previous job still exist? Yes No

If yes, what reason did your employer give for not returning you to that job? _____

FOR OSHA RETALIATION COMPLAINTS ONLY

It is against the law to retaliate against an employee because s/he reported or opposed a workplace health or safety violation. If you have done so and think that your employer has retaliated against you because of it, fill out this section.

IMPORTANT: You MUST file a complaint with BOLI within 90 DAYS of the retaliatory act to have a valid claim.

This is not an OSHA claim. If you need to report a workplace health or safety violation, call OR-OSHA.

Was an Occupational Health and Safety Poster posted at your worksite? Yes No Don't Know

What was the health or safety hazard you complained about or opposed?

Did you complain to anyone at your workplace? Yes No If yes, date _____

If yes, what was that person's name and title? _____

If no, how did your employer know you had complained? _____

Did you contact OSHA about your concern? Yes No If yes, date _____

If yes, did OSHA investigate or issue a citation? Yes No If yes, date _____

Did you participate in an OSHA investigation? Yes No If yes, date _____

How did the employer retaliate against you for reporting or opposing the workplace health or safety hazard (be specific about date, what happened, and who did it)?

Date: _____ **Harm:** _____

Description: _____

Date: _____ **Harm:** _____

Description: _____

FOR DISABILITY DISCRIMINATION COMPLAINTS ONLY

DISABILITY

It is against the law to discriminate against employees because they have a protected disability. Also, in certain circumstances, employees with a protected disability may be entitled to reasonable workplace accommodation. If you feel your employer has violated a law related to this protected class, fill out this section.

AN INDIVIDUAL WITH A PROTECTED DISABILITY is a person who: (1) has a long-duration physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; (3) is regarded as having such an impairment; or (4) has a progressive illness as defined by OAR 839-006-1240.

(Please note: If you have been found disabled in a Workers' Compensation or Social Security claim, or as a disabled veteran, you are not necessarily covered by the laws prohibiting discrimination against disabled persons.)

What is/are your disability or disabilities? _____

Did you inform your employer of your medical condition? Yes No If yes, date: _____

If yes, when did you inform them (e.g., time of hire, interview, date of diagnosis)? _____

If yes, who did tell about your disability or disabilities? _____

Did you give your employer medical documentation? Yes No If yes, when: _____

What major life activity/ies (e.g., walking, lifting, seeing, breathing, hearing) is/are substantially limited by your disability or disabilities? _____

How does this limit you, in comparison with an average non-impaired person in the general population?

Could you perform *all* the essential functions of your job without accommodation? Yes No

If no, could you perform all the essential functions of your job with accommodation? Yes No

Did you ask for accommodation to help to perform your job? Yes No

Who did you ask ? (name and title) _____

If yes, what accommodation did you ask for? _____

If no, do you think it was obvious to your employer that you needed accommodation? Yes No

Were you accommodated? Yes No If yes, what accommodation was provided? _____

FOR OREGON FAMILY LEAVE ACT (OFLA) CLAIMS ONLY

Generally, to qualify for OFLA leave an employee must be employed for an average of at least **25 hours per week** during the **180 days** immediately before the OFLA leave begins.

A woman on pregnancy disability leave does not have to requalify in order to take parental leave, and anyone taking parental leave does not have to requalify for subsequent sick child leave. Also, an employee who has qualified for intermittent leave or who has previously qualified for and taken some portion of OFLA leave does not have to requalify each time leave is taken for the same purpose. For the purpose of taking parental leave, an employee must only be employed by a covered employer for at least 180 days immediately preceding the date on which OFLA leave begins.

Does your employer employ 25 or more employees *in the State of Oregon*? Yes No
Had you worked for the employer for 180 days or more before taking or requesting leave? Yes No
During the preceding 180 days, had you worked an average of at least 25 hours per week? Yes No
When did you tell your employer that you planned to use OFLA? _____
How did you give notice (e.g. written, verbal), and to whom? Explain briefly: _____

What kind of OFLA leave did you use or plan to use (check one):

Your own serious health condition Sick child leave Parental leave
 A family member's serious health condition Pregnancy disability leave

Was the requested leave continuous or intermittent/repeated? _____

If the leave is/was for your own or a family member's serious health condition, what was the diagnosis?

Had you been off work for a compensable workplace injury before you took/requested leave? Yes No

Was your leave approved? Yes No If yes, when did your leave begin? _____ When did it end? _____

If no, what reason did your employer give you for denying your OFLA leave? _____

If you have returned from leave, were you returned to the job you held at the time your leave started? Yes No

If no, what reason did your employer give? _____

If no, did your job still exist? Yes No If no, was an equivalent position available? Yes No

If yes, were you placed in that position? Yes No If no, what reason did your employer give? _____

Has your employer retaliated against you for using or trying to use OFLA? Yes No If so, how? _____

OREGON VICTIM OF CERTAIN CRIMES LEAVE ACT (OVCCLA) CLAIMS ONLY
Victims of Domestic Violence, Stalking, and Sexual Assault

OVCCLA grants protected leave to victims of domestic violence, sexual assault and stalking when seeking help for themselves or their minor children or dependents. For purposes of taking OVCCLA, an employee must be employed by a covered employer for an average of at least 25 hours per week during the 180 calendar days immediately preceding the date OVCCLA leave begins.

It is your responsibility to maintain contact with the Civil Rights Division.

If you prefer, please provide CONTACT INFORMATION below:

Contact Name _____ Phone # _____

Address _____

Contact person name: _____ Contact phone number: _____

During the preceding 180 days, had you worked an average of at least 25 hours per week? Yes No

Does this employer have **6 or more** employees in the State of Oregon? Yes No

Are you or your minor child or dependent a victim of domestic violence, sexual assault or stalking? Yes No

When did you tell your employer you wanted to use the OVCCLA? _____

How and to whom did you give notice? _____

Was your leave approved? Yes No If no, what reason did your employer give for denying you leave?

Why did you want to take OVCCLA leave?

- Seek legal or law enforcement assistance Get medical treatment or recover from injuries
 Obtain services from a victim services provider Relocate or make an existing home safe
 Get counseling from a licensed mental health professional

First date of leave: _____ Last date of leave: _____ Continuing? _____

VETERAN'S PREFERENCE IN PUBLIC EMPLOYMENT ONLY

The State of Oregon requires that public employers grant a hiring or promotional preference to United States military veterans and an even higher preference to disabled United States military veterans under the provisions of ORS 408.230. If you feel you have been unlawfully denied hiring preference, fill out this section. The application must be sought within 15 years of discharge.

All Veterans:

Branch of service: _____ Dates of service _____

Type of discharge: _____ Date of discharge: _____

Did you serve in a combat zone? Yes No If yes, when and where? _____

Did you receive a combat or campaign ribbon for your military service? Yes No

Disabled Veterans:

Have you been designated as disabled by the Department of Veteran's Affairs? Yes No

Were you wounded in combat? Yes No If yes, when and were? _____

If yes, did you receive a purple heart? Yes No

Did you provide the employer with written documentation of your disability? Yes No

If not, reason: _____

Application information:

Did you apply for a promotion, or were you a new applicant? _____

Date you applied for the job or promotion _____

Title of job you applied for _____

Was there a civil service test? Yes No

If yes, did you successfully complete the test? Yes No Test score: _____

If no, what method did the employer use to select the successful applicant? _____

Did you provide the employer with your military documentation? Yes No

Did you ask the employer to give you preference points? Yes No

If yes, who did you ask? (name and title) _____

If you were not selected for the job or promotion, did you request a written explanation? Yes No

If yes, did you receive a written explanation? Yes No