



EMPLOYMENT DISCRIMINATION INTAKE QUESTIONNAIRE
LINCOLN COMMISSION ON HUMAN RIGHTS
 555 South 10th Street, Suite 304
 Lincoln, NE 68508

PLEASE PRINT

Name: (First, Middle, Last)		Date of Birth:	Age:	
Address: (Number and Street)		Apt No:	City:	State: Zip Code:
Telephone Numbers and Area Codes:		Email Address:		
<u>Home:</u>				
Work:	Ext:	Preferred Time:	Preferred Days:	
Name of Person to Contact If you Cannot be Reached:			Telephone Number:	

BASIS OF DISCRIMINATION: See [What is Discrimination?](#) for the protected classes

On what basis or bases were you treated differently than other employees performing the same or similar work?
 (Example-- Bases: Race and Sex - African American female)

WHAT HAPPENED?

<input type="checkbox"/> Failure to Hire	<input type="checkbox"/> Hostile Environment	<input type="checkbox"/> Harassment	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Failure to Promote	<input type="checkbox"/> Pay/Compensation	<input type="checkbox"/> Demotion	<input type="checkbox"/> Accommodations
<input type="checkbox"/> Constructive Discharge (Forced to Resign)	<input type="checkbox"/> Termination	<input type="checkbox"/> OTHER: (Explain)	

EMPLOYER INFORMATION:

Name of Company/Organization:		Telephone Number:		
Address:		City:	State:	Zip Code:
Immediate Supervisor:	Title:	Approximate # of Employees:		
Other Supervisor(s)	Title:	Last Date of Discrimination:		

PRE-HIRE INFORMATION

Date(s) Applied:	Position(s) Applied For:	Application/Resume Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date(s) Interviewed:	Interviewed by: (Name & Title)	
Were You Required to Take any Tests? If Yes, Indicate the Type of Test Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are You Qualified for the Position?	If Yes, What Are Your Qualifications?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
How Did You Find Out About the Position?		
<input type="checkbox"/> Radio <input type="checkbox"/> T.V. <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other:		
Were You Hired for the Position?	If No, What Reason(s) Were Give To You For Not Being Hired?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If You Were Not Hired, Who Obtained the Position?		
<input type="checkbox"/> Race/National Origin: _____ <input type="checkbox"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age:		

POST-HIRING INFORMATION (Please use "N/A" if information not available or unknown at this time)

Date of Employment:	Hired by: (Name and Title)					
Position When Hired:	Rate of Pay:		(Check One)			
	\$	Per	Hr.	Day	Mo.	Yr.
Current Position: (if still employed)	Rate of Pay:		(Check One)			
	\$	Per:	Hr.	Day	Mo.	Yr.
Last Position Held: (if not employed)	Rate of Pay:		(Check One)			
	\$	Per:	Hr.	Day	Mo.	Yr.
What Are the Duties of the Most Current Position Held?						

With Regard to the employment actions taken against you (termination, demotion, fail to hire), please explain what happened and the reason(s) given by the company for their action(s). **Include names and dates** when appropriate. **If filing an ADA charge, please provide appropriate medical documentation.** Attach additional sheets as necessary.

PLEASE LIST ANY EMPLOYEES WHO WERE TREATED DIFFERENTLY THAN COMPLAINANT. Attach Additional Sheets As Necessary.

NAME	TITLE	NAME	TITLE

"X" ANSWERS TO THESE QUESTIONS - EXPLAIN "YES" ANSWERS - Attach Additional Sheets As Necessary

QUESTIONS	NO	YES	NA	DATE	EXPLANATION OF "YES" ANSWERS
Did you ever complain to your boss or the company about discriminatory acts against you by anyone on the job?					
Are you covered by a union or collective bargaining agreement?					
Did you complain to a union about discriminatory acts?					
If the company has a grievance procedure/policy, did you file a grievance? If so, when?					
Have you filed this charge of discrimination with another agency? If so, with whom?					
Have you ever been issued any verbal/written disciplinary actions during your employment? If so, when and for what?					

PLEASE LIST ANY WITNESSES WHO CAN SUPPORT THESE ALLEGATIONS - Attach Additional Sheets As Necessary.

NAME	WORK RELATIONSHIP	ADDRESS	PHONE NUMBER

REMEDIES YOU ARE SEEKING FOR RELIEF IN THIS CHARGE: (What would it take to resolve the issue(s) you are alleging?)

OTHER ACTIONS:

Do You Plan to Take This Matter to Court?		Do You Have an Attorney?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Attorney:		Telephone Number:	
Address: (Number and Street)		City:	State: Zip Code:

YOU LEARNED ABOUT/WAS REFERRED TO THE LINCOLN COMMISSION ON HUMAN RIGHTS BY: