

STATE OF RHODE ISLAND
COMMISSION FOR HUMAN RIGHTS
180 Westminister Street, Third Floor
Providence, RI 02903-1918
401-222-2661 Fax: 401-222-2616 Voice Relay 7-1-1

EMPLOYMENT DISCRIMINATION QUESTIONNAIRE

Please type or print your answers as completely as possible on this form and return it to the Commission at the above address. You will be contacted regarding the filing of a formal charge once your submission has been reviewed. **This is not a formal charge of discrimination. IF QUESTION #7 IS NOT ANSWERED COMPLETELY, THE COMMISSION CANNOT PROCESS YOUR QUESTIONNAIRE.**

Indicate: Mr./Mrs./Ms./Other _____ Date _____

1. Name _____
Address _____
City _____ State _____ Zip Code _____
Phone: Home () _____ Work () _____ Cell () _____
Date of Birth: _____ Email: _____

2. How did you learn about the Commission? Commission Brochure Commission Website
 Commission Facebook Page Other _____

3. Who do you wish to file against? Company Union Employment Agency Government
 Other Name _____
Address _____
City _____ State _____ Zip Code _____
Company President _____ Phone () _____ Number of employees _____

Do you wish to file a charge against a specific person who discriminated against you?* Yes No
**Applicable laws will determine if a charge may be filed against the person(s) named.*

If "yes": Name _____ Address _____
City _____ State _____ Zip Code _____ Phone () _____

4. If you are now employed by the company above, specify your position _____
If not, specify the position you held or sought _____

5. Basis of Alleged Discrimination: Race Color Religion Ancestral Origin Sex
 Pregnancy Disability Age (40 or above) Sexual Orientation Gender Identity/Expression
 Unlawful Questioning (Arrest Record, Criminal Conviction or Other) Retaliation
Explain Basis _____ (Example: if you checked "Race", indicate your race)

6. Discriminatory action/condition: Refusal to Hire Termination/Discharge Denial of Promotion
 Layoff Demotion Discriminatory Work Environment/Treatment Unequal Pay
 Discriminatory Representation Maternity Harassment (sexual or other)
 Reasonable Accommodation Other _____

7. **Please explain (on a separate paper) what action was taken against you that you believe to be discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? Please include all relevant names and dates. If you named any individual(s) in Question #3, you must explain the discriminatory actions that this person took, or the individual(s) will not be named in the charge. If you have any documents concerning the situation, please attach copies to your statement.**

8. Please specify the date(s) the alleged harm took place _____

9. Have you sought any assistance from any other source about the action you think was discriminatory? _____

Yes No If "yes", indicate:

Name of source of assistance _____

Result, if any _____

10. If you have hired a lawyer, please indicate: Name _____

Address _____ City _____

State _____ Zip Code _____ Phone: () _____

Will they be representing you? Yes No

11. Please provide the name of a person not living with you who would know how to contact you:

Name _____ Relationship _____

Address _____ City _____ State _____

Zip Code _____ Phone: Home () _____ Cell () _____

If you have a disability and need a reasonable accommodation in order to complete this form, please notify the Commission and one will be provided to you.

FOR OFFICE USE ONLY – DO NOT WRITE HERE

SEND NOTICES TO:

A) Agent for Service _____

Address _____

City _____ State _____ Zip Code _____

B) Corporate Headquarters _____

Address _____

City _____ State _____ Zip Code _____

C) Other _____

Address _____

City _____ State _____ Zip Code _____