

STATE OF RHODE ISLAND
COMMISSION FOR HUMAN RIGHTS
180 Westminster 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 Unequal Pay Discriminatory Work Environment/Treatment Discriminatory Representation

Maternity Demotion 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) and place 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 _____