

New Jersey Division on Civil Rights

● Pre-Intake Questionnaire for Employment Complaints

Note: The completion of this form in no way constitutes the official filing of a complaint with the NJ Division on Civil Rights. This form is intended to be used as a guide and we recommend that you fill it out and bring it with you, if you decide to visit a Division office for purposes of filing an official complaint.

1. CONTACT INFORMATION

a. Name: Mr. Ms. Mrs. (First) (Middle Name (Last) or Initial)

Mailing Address:

City: County State: Zip Code:

b. E-mail address: Do you prefer contact by: phone E-Mail Regular Mail

c. Home Phone: () Work Phone: ()
Cell Phone: () Date of Birth (mm/dd/yyyy): / /

d. If you will be represented by an attorney, please provide the attorney's name and phone number:

Name: Phone ()

Address:

E-mail address:

e. Please provide the name and telephone number of an individual who does not live with you, but would know how to reach you: Name: Phone: ()

f. Have you filed a complaint of discrimination regarding this matter with the Division on Civil Rights, EEOC, HUD, or any state or other local agency (PERC, Merit System Board, Dept. of Education) State or federal court within the last year? If so, where, when and what is the status of that case? Please complete below:

Agency/Court Name:

Approximate date filed (mm/dd/yyyy): / /

Complaint or Charge Number, if known:

2. TYPE OF COMPLAINT: Please indicate whether you wish to file an Employment Claim involving (check all that apply):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> FAILURE TO HIRE | <input type="checkbox"/> DENIED ACCOMMODATION | <input type="checkbox"/> DISABILITY | <input type="checkbox"/> RELIGIOUS |
| <input type="checkbox"/> DISCHARGE/TERMINATION | <input type="checkbox"/> RETALIATION FOR COMPLAINING ABOUT DISCRIMINATION | | |
| <input type="checkbox"/> LAYOFF | <input type="checkbox"/> SUSPENSION | <input type="checkbox"/> DENIED BENEFITS | <input type="checkbox"/> DIFFERENTIAL PAY |
| <input type="checkbox"/> SEXUAL HARASSMENT | <input type="checkbox"/> HARASSMENT | <input type="checkbox"/> HOSTILE ENVIRONMENT | |
| <input type="checkbox"/> DENIED PROMOTION | <input type="checkbox"/> TRANSFER | <input type="checkbox"/> TRAINING | |
| <input type="checkbox"/> DIFFERENTIAL TREATMENT | <input type="checkbox"/> UPGRADING | <input type="checkbox"/> DEMOTION/DOWNGRADING | |

Do these claims additionally involve?

- Disability Discrimination** (Review and be prepared to answer the questions on pages 4-7)
- Sex Discrimination** (Review and be prepared to answer the questions on pages 4-5, then pages 8-9)

3. ESTABLISHING JURISDICTION:

- a. Today's Date / / (mm/dd/yyyy)
- b. What was the **MOST RECENT DATE** or **LAST DATE** that you were allegedly discriminated against (i.e. fired, laid off, disciplined, harassed, etc.)? / / (mm/dd/yyyy)

If your answer to **3b.** is more than 180 *days before today*, please **stop and contact the Division on Civil Rights at (1-609-292-6025) to discuss your options due to the expiration of the statute of limitations OR stop and contact an attorney to initiate a private suit in NJ Superior Court(if within 2 years of the last discriminatory act.)**

4. BASIS FOR DISCRIMINATION:

- a. Below are the illegal bases for discrimination. Check all the bases, and subsets that apply to your alleged discrimination. **(ONLY CHECK THE BASES THAT SPECIFICALLY APPLY TO THE ALLEGED DISCRIMINATION THAT HAPPENED TO YOU).** If one or more of these boxes are checked, you must be prepared to answer the *Questions for Employment Discrimination Claims* on pages 4-5.

- RACE:** Black or African-American White Asian Native Hawaiian/Pacific Islander
 American Indian/Alaskan Native Other (Please identify): _____
- CREED (RELIGION):** (Please identify) **RELIGIOUS ACCOMMODATION**
- COLOR:** Light skinned Dark skinned Other (Please identify) : _____
- NATIONAL ORIGIN:** Hispanic East Indian Arab/Afghani/Middle Eastern Other: (Please identify)
- AGE:** Under 40 Over 40 Your Age: (Please specify)
- SEX:** Female Male Sexual harassment
- DISABILITY:** Physical Mental (Please identify) Denied Reasonable Accommodation
- MARITAL STATUS:** Married Single Divorced Widow(er)
- SEXUAL ORIENTATION:** Gay Lesbian Homosexual Heterosexual
- GENDER IDENTITY OR EXPRESSION:** (Please identify)
- RETALIATION/REPRISAL FOR FILING A COMPLAINT/COMPLAINING OF DISCRIMINATION**
- DOMESTIC PARTNERSHIP STATUS** (Please identify)
- CIVIL UNION STATUS** (Please identify)
- LIABILITY FOR SERVICE IN THE ARMED SERVICES**
- GUIDE/SERVICE ANIMAL**
- FAMILY LEAVE** (This is not for NJ Family Leave Insurance (FLI). For info about FLI, contact the New Jersey Division of Temporary Disability Insurance at 609 292-7060)

5. EMPLOYMENT INFORMATION:

- a. Respondent/employer information: Provide the name, name of a contact person, address, and phone number that of the business or person you are alleging discriminated against you. If more than one person discriminated against you, provide the contact information for each person.

Name of Company or Person:

Personnel Officer or other Contact Person:

Mailing Address:

City: County: State:

Zip Code: Phone:() Email Address, if known:

- b. Employment information:

Did you work at the above named location? Yes

If not, where did you work?

Your job title or if you were denied a job, the title of the job you applied for:

Your employment start or application date:

Your last day of employment, if applicable:

6. STATEMENT OF DISCRIMINATION

What happened to you that you believe is caused by unlawful discrimination?

Complete the following statement: I believe I have been discriminated against, in violation of the NJ Law Against Discrimination, the NJ Family Leave Act, and/or Title VII of the Federal Civil Rights Act of 1964, and/or the Age Discrimination in Employment Act, and/or the Americans with Disabilities Act, as applicable, for the following reason(s): _____

Please give a brief, but detailed answer. Bring readable copies of any complaint-related notices, correspondence or any other documents you feel are related to your complaint.

- 7. Are there company rules which pertain to what was done? If so, what are the rules and how do you know about them? (Please bring copies of any personnel policies with you.)
- 8. Are problems such as yours dealt with in a consistent manner? Explain.
- 9. Do you have an employment contract with your employer or are you an at will employee?
Do you belong to the civil service or are you a member of a union within a collective bargaining agreement?
- 10. Is there a union at your workplace? YES NO Are you a member? YES NO
If yes, provide a copy of the collective bargaining agreement and the name of the union, union representative and contact information.

11. Have you filed a grievance with your union regarding this matter? YES NO

What is the status of your grievance?

12. Is your employer a federal agency (such as the U.S. military or the U.S. Postal Service) or a bi-state agency (such as the Port Authority of New York/New Jersey)? YES NO

If yes, the Division on Civil Rights cannot accept your complaint.

13. What remedy are you seeking as a result of filing your complaint with the Division on Civil Rights? (i.e., reinstatement, back pay, benefits or accommodation)

I understand that information on this Questionnaire may be shared, in whole or part, by the New Jersey Division on Civil Rights with the U.S. Equal Employment Opportunity Commission and the Respondent indicated.

Note that information you provide in the course of an investigation may be subject to public disclosure under the N.J. Open Public Records Act.

In order to provide a timely complaint, under penalties of perjury, I declare that I have read this pre-intake questionnaire, desire to make a complaint of discrimination and that the facts stated herein are true. I will advise the Division if I change my address or telephone number and I will cooperate fully with them in the processing of my complaint in accordance with their procedures.

I understand, agree and request the Division’s assistance in this matter.

Date

Signature of person seeking assistance

Please print your name _____

The preparation and filing of a discrimination complaint is a complex matter. Please complete this form prior to appearing at a Division office to file a complaint. When you come to file your complaint you will participate in an extensive interview. Please review the additional questions on the following pages and be prepared to answer them during your intake interview.

After completing this form, contact the Division on Civil Rights to find the location of the office which has jurisdiction over your complaint.

QUESTIONS FOR EMPLOYMENT DISCRIMINATION CLAIMS

- What is your protected class: race, religion, marital status, national origin, color, age, sex?
- Who is your employer? How many employees are there?
- What is your employment position? How long have you been employed at this location?
- Describe in detail the reason you believe you were discriminated against, providing dates.
- Who discriminated against you?
- What is his/her position? What is his/her position in relation to your position? (i.e. supervisor, co-worker, non-employee, agent of employee, supervisor in another area)
- How frequently was the conduct repeated or was it an isolated incident?
- Did the conduct interfere with your work performance? If so, please explain.
- Were there any witnesses to the incidents you describe? Who?
Provide names, addresses, and phone numbers.
- Did you tell your employer or anyone else in management about the discriminatory actions? When?
Provide names, addresses, and phone numbers.
- If you reported the incident(s), did the employer take preventative or corrective actions?
If so, what was it? When did this occur?
- Explain how the offensive conduct affected you. Did you suffer psychologically or physically? Did you see a doctor or a counselor/therapist?
- Does the employer have a written anti-harassment policy?
- Are you aware of other complaints about the same alleged perpetrator?
- Is there any documentation of the incident(s) you described?
- Is there witness testimony or physical documentation that corroborates your testimony?
If so, please explain and provide copies, if possible.
- What was the tangible employment action? (*i.e.* demotion, reprimand, denial of promotion, termination, refusal to train, etc.)
- Did the employer give you a reason for the above-stated employment action? Explain.
- Why do you believe the employer took the tangible employment action against you?
- Are there any other reasons the employer would have taken this employment action against you?
- Have you previously received any disciplinary action? Explain.

- Do you believe you were treated differently from people outside of your protected class (*e.g.* race, religion, etc.)? Provide the name and employment position of that person. What is that person's protected class? Who is the supervisor of that person? Describe how that person was treated differently and the conduct he/she engaged in.
- Is there any correspondence, letters, memorandums, or other documentation from you to your employer or to you from your employer?
- Are there any witnesses to the incidents you described herein?
Please provide names and addresses.
- Please provide a copy of any documents or other information, including affidavits, which you believe will be helpful in this investigation.
- Are you interested in pre-investigation mediation?
- Have you participated in a grievance proceeding or filed a grievance regarding this matter?
Explain.
- Did you sign a waiver of rights or settlement agreement, if you were terminated? Provide a copy.
- Does an attorney represent you in this matter?
If so, please provide name, address, and phone number.

QUESTIONS for DISABILITIES CLAIMS

- What is your disability/perceived disability?
- Do you have medical documentation describing your disability?
- Describe your impairment.
- How does it affect your ability to walk, talk, take care of your daily activities, sleep, eat, breath, work, hear, and/or see?
- To what extent does your condition limit the above-mentioned activities?
- Do you take medication for your disability or impairment?
- Do the effects of the medication impact your work?
- To what extent is your disability or impairment corrected by the medication or devices?
- Is your condition permanent or temporary?
- When was the onset of the condition?
- If you are not disabled, did the employer treat you like you had a disability? Explain.
- Did you have a disability in the past that is no longer a disability? Explain.
Is there a record or documentation of this?
- Explain how you made your employer aware of your disability or impairment. Provide date(s).
- Did you request an accommodation?
- What accommodation did you ask for and who did you ask (name and position of person)?
- What was your employer's response to your request for an accommodation?
- Why do you believe the employer refused your request for an accommodation?
- What reason did the employer give for not providing you an accommodation?
- Did the employer offer a different accommodation? Explain.
If so, why was this accommodation not acceptable to you?
- Did you suggest alternative accommodations? Explain.
- Are you aware of other employees who received accommodations by your employer?
Please explain what accommodations were provided to whom.
- Do you believe you could have done your job had the employer agreed to the accommodation? Explain.
- Is there any correspondence, letters, memorandums, or other documentation from you to your employer or to you from your employer?

- Are there any witnesses to the incidents you described herein?
Please provide names and addresses.
- Please provide a copy of any documents or other information, including affidavits, which you believe will be helpful in this investigation.
- Are you interested in pre-investigation mediation?
- Have you participated in a grievance proceeding or filed a grievance regarding this matter?
Explain.
- Did you sign a waiver of rights or settlement agreement, if you were terminated? Provide a copy.
- Does an attorney represent you in this matter? If so, please provide name, address, and phone number.

QUESTIONS for SEX HARASSMENT CLAIMS

(For sex discrimination claims based on hostile environment/sexual harassment/quid pro quo)

- What is your gender?
- Describe in detail the offensive conduct, providing dates.
Was the conduct verbal, physical, and/or pictorial?
- To whom was the conduct specifically directed?
- Was the offensive conduct based on gender?
- How frequently was the conduct repeated or was it an isolated incident?
- Did the conduct interfere with your work performance? If so, please explain.
- Who was the harasser? Provide name.
- What is his/her position? What is his/her position in relation to your position? (i.e. supervisor, co-worker, non-employee, agent of employee, supervisor in another area)
- Did you tell the harasser to stop? Please describe any such conversations.
- Were there any witnesses to the incidents you describe? Who?
Provide names, addresses, and phone numbers.
- Did you tell anyone about the harasser's actions? When?
Provide names, addresses, and phone numbers.
- Was there a prior relationship with the harasser? Please explain.
- Did you tell your employer about the harasser's actions? When?
Provide names, addresses, and phone numbers.
- Did your employer have a procedure to report/investigate incidents of harassment?
- Did you report/complain about harassment pursuant to that procedure? If not, why not?
- If you reported the incident(s), did the employer take preventative or corrective actions?
If so, what was it? When did this occur?
- Explain how the harasser's conduct affected you. Did you suffer psychologically or physically?
Did you see a doctor or a counselor/therapist?
- Does the employer have a written anti-harassment policy?
- Are you aware of other complaints about the same alleged harasser?
- Has there been a high turnover of the alleged harasser's female subordinates?
- Is there any documentation of the incident(s) you described?

- Is there witness testimony or physical documentation that corroborates your testimony?
If so, please explain and provide copies, if possible.
- Was there a tangible employment action? (i.e., demotion, reprimand, denial of promotion, termination, refusal to train, etc.)
- Did the employer give you a reason for the above-stated employment action? Explain.
- Were any promises made to you for your compliance with the harasser's requests?
If so, please explain.
- Is there any correspondence, letters, memorandums, or other documentation from you to your employer or to you from your employer?
- Are there any witnesses to the incidents you described herein?
Please provide names and addresses.
- Please provide a copy of any documents or other information, including affidavits, which you believe will be helpful in this investigation.
- Are you interested in pre-investigation mediation?
- Have you participated in a grievance proceeding or filed a grievance regarding this matter?
Explain.
- Did you sign a waiver of rights or settlement agreement, if you were terminated? Provide a copy.
- Does an attorney represent you in this matter?
If so, please provide name, address, and phone number.