

PA Human Relations Commission Use Only

Revised 08.05

Docket No.
EEOC No.
Social Security No.

PHRC can investigate complaints of discrimination in: (1) Employment based upon race, color, religion, ancestry, age (40 and above), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, possession of a diploma based on passing a general education development test, or willingness or refusal to participate in abortion or sterilization.

IN-7 FORM CONDUCT-RELATED DISCIPLINE QUESTIONNAIRE

Questionnaire on the incident you are complaining about

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____
Address _____
City _____ State _____ Zip Code _____
County _____ Phone H: _____ Phone W: _____

May we call you at work? (Circle one) **YES** **NO**

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Information about the Organization your complaint is against:

Name _____
Address _____
City _____ State _____ Zip Code _____
Type of Business _____
County _____ Phone No. _____

Number of employees who work at the organization named above. Please circle one.

- | | | | |
|-------------|------------|------------|---------|
| Less than 4 | 15 to 100 | 201 to 500 | Unknown |
| 4 to 14 | 101 to 200 | 501 plus | |

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone No. Home _____ Phone No. Work _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex/male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). or example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1 **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you. Give specific dates.

2 If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

- _____ Sex _____ National Origin
- _____ Race _____ Age (40+) Date of Birth _____
- _____ Color _____ GED
- _____ Religion _____ Retaliation
- _____ Ancestry _____ Use of guide dog or support animal
- _____ Non-job related disability

Identify your disability: _____

_____ Participation in/or refusal to participate in Abortion/sterilization

3 When were you hired by the company that disciplined you? _____

4 List the most recent **job title-department-length of time on job** you have held during your employment with this employer.

1 Job Title	Department
Length of Time on Job	Shift

2 Job Title _____ Department _____

Length of Time on Job _____ Shift _____

3 Job Title _____ Department _____

Length of Time on Job _____ Shift _____

5 Indicate the dates of the discipline you believe is discriminatory.

_____	Oral Counseling	_____	Written Counseling
_____	Oral Warning	_____	Written Warning
_____	Oral Suspension	_____	Written Suspension
_____	Other. Please specify.		

6 Have you been disciplined in the past? **YES** **NO**

If yes, give specific dates and incidents.

7 Who recommended this discipline? _____

8 What is his/her job title and CLASS (race, sex, age, etc.) _____

9 What reasons were you given for this discipline? _____

Please submit a copy of any letters or notices from the company concerning this discipline.

10 What explanation for your performance or conduct did you give the employer? _____

11 To your knowledge, did the employer conduct any investigation which took into account your explanation.

YES **NO**

11a If yes, explain as best you can when the investigation occurred, the name(s) of the individual(s) who investigated the incident for the employer and any details you can.

12 Do you believe any of the reasons given by the employer for this discipline were accurate?

YES NO

If yes, please explain. _____

13 Identify all persons who have committed similar offenses/rule violations as you were charged with committing, but who received a lesser discipline than you received.

Name _____
Class _____
Job/Department _____
What did the person do? _____

What discipline was given? _____
Date of incident _____
Date discipline given _____

Name _____
Class _____
Job/Department _____
What did the person do? _____

What discipline was given? _____
Date of incident _____
Date discipline given _____

13a How do you know about the above incidents?

13b Why do you believe there was difference in the discipline given to the person(s) above?

If there are any additional witnesses, please list them on the CONTINUATION PAGE.

14 Did you lose any wages or benefits for the current discipline?

YES NO If yes, list the dates during which wages/benefits were lost and the approximate amount:

Dates _____

Amount _____

IF YOU WERE DISCHARGED/DEMOTED, please complete the DISCHARGE QUESTIONNAIRE.

15 If you have it, please attach a copy of any written procedure or policy your employer may have with respect to discipline. If it is not written, what is the practice or your understanding of it.

16 Are you a union member? **YES NO**

What is the name of your union? _____

Address: _____

City, State and Zip Code: _____

Phone No.: _____

Business Agent (Rep.) _____

17 Did you file a union grievance? **YES NO**

If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.

18 Are you a civil service employee? **YES NO**

Did you file a civil service complaint regarding the above problem? **YES NO**

What is/was the status of your civil service complaint, if applicable? _____

19 Have you filed a complaint about this matter with any other commission or agency? If so, please specify the Commission or agency and the date you filed, to the best of your recollection.

YES NO

Name of Agency or Commission

Date Filed _____

Docket No. _____

20 Have you taken any court action regarding this matter? If so, please specify in what court and the date you filed, to the best of your recollection.

YES NO

Name of Court _____

Date Filed _____

City _____

County _____

State _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire (Continuation Page).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature _____ Date _____

Address _____

City, State and Zip Code _____

Phone No. Home _____

Phone No. Work _____

Phone No. Cell _____

