

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-10 FORM - DEMOTION 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 _____ 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 demoted you? _____

4 What jobs have you held during your employment with this employer, including your present position?

Job Title/Dept. _____

Grade _____

Salary/Salary Range _____

Work Hours/Shift _____

Time on Job _____

Job Title/Dept. _____

Grade _____

Salary/Salary Range _____

Work Hours/Shift _____

Time on Job _____

5 What was the date of your demotion? _____

6 Who recommended this demotion? _____

7 What reasons were you given for this demotion? _____

8 If the reason given for your demotion related to your work habits, what explanation for your performance, or conduct, did you give to the employer.

9 Did your explanation for your conduct or performance cause the employer to reconsider or delay your demotion in any way? **YES** **NO**

Please explain. _____

10 Were any other reasons given by your employer for this demotion accurate? **YES** **NO**

Please explain. _____

11 If the employer gave a reason for your demotion related to your work performance, can you name any employee(s) who did the same thing or something worse who was not disciplined or demoted?

a Name _____

Job Title/Dept. _____

Class _____

What did the person do? _____

What discipline was given? _____

b Name _____

Job Title/Dept. _____

Class _____

What did the person do? _____

What discipline was given? _____

c Name _____

Job Title/Dept. _____

Class _____

What did the person do? _____

What discipline was given? _____

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

12 If you have them, please attach any Job Descriptions, Performance Standards of your previous position, plus any Codes of Conduct, Rules of Attendance, as applicable. If they are not in writing, what is your understanding of them? _____

13 If you have it, please attach a copy of any written procedure your employer may have with respect to discipline, reorganization and retrenchment, if applicable. If it is not in writing, what is the practice, or your understanding of it?

14 Were you warned/disciplined before this demotion about any violations of your employer's rules?

YES NO If so:

Date of warning/discipline: _____

Nature of warning/discipline/suspension: _____

Was it oral, written or suspension: ORAL WRITTEN SUSPENSION

Who gave the warning/discipline: _____

Class (race, sex, age, etc.) _____

Job title: _____

Reason for warning/discipline: _____

15 If the reason given for your demotion is related to reorganization or retrenchment being conducted by your employer, what objections did you give your employer regarding its rationale for the demotion?

16 If the employer gave a reason for your demotion, can you name any employee who you felt should have been demoted before you?

a Name _____
 Class _____
 Job Title/Department _____

Explain why you feel this person should have been demoted before you.

b Name _____
 Class _____
 Job Title/Department _____

Explain why you feel this person should have been demoted before you.

c Name _____
 Class _____
 Job Title/Department _____

Explain why you feel this person should have been demoted before you.

17 Did you suffer a salary loss, or any other loss, because of this demotion? **YES** **NO**

If yes, please give the amount of loss and explain. _____

18 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.) _____

19 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.

20 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? _____

21 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. _____

22 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.

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 _____

