

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-5 FORM - DISCHARGE 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 discharged you? _____

3a List the most recent job title-department-length of time on job you have held during your employment with this employer. _____

4 What was the date of your discharge? _____

4a Were you a probationary employee when you were discharged? **YES** **NO**

5 Who recommended this discharge? _____

5a What is his/her job title and CLASS (race, sex, age, etc.) _____

6 What reasons were you given for this discharge? _____

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

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

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

YES **NO**

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.

9 Did your explanation for your performance or conduct cause the employer to reconsider or delay your discharge in any way?

YES **NO**

If yes, please explain. _____

10 Do you believe any of the reasons given by the employer for this discharge were accurate?

YES NO

Please explain.

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

YES NO If so:

Date of Warning/discipline:

Nature of Warning/Discipline/Suspension:

Oral/Written:

Who gave the Warning/Discipline:

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

Reason for Warning/Discipline:

12 If you have it, please attach a copy of any written procedure or policy your employer may have with respect to discipline. If you don't have it, where can we obtain a copy? If it is not written, what is the practice or your understanding of it.

13 If the employer gave a reason for your discharge/demotion, can you name any employee who did the same thing or something worse who was not discharged/demoted?

Name

Class

Job/Department

What did the person do?

What discipline was given?

14 Has anyone else been treated the same as you? **YES** **NO**
 Name _____ Class _____

15 If the reason given by your employer for your termination was related to reorganization for economic reasons, what is your objection to your employer's rationale?

16 If the employer gave a reason for your termination related to reorganization, can you name any employee(s) who you felt should have been terminated before you?
 Name _____
 Class _____
 Job/Department _____
 Why should this person have been terminated before you? _____

17 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.) _____

18 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.

19 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? _____

20 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 _____

20a Have you applied for unemployment compensation? YES NO

If so, what is the date of your application for benefits?

Were you awarded benefits? YES NO

If so, please state your weekly benefit amount and the rate you began receiving checks.

Amount in \$: _____ Date _____

If you were denied benefits, did you appeal? YES NO

If so, was a hearing held on your appeal? YES NO

If so, what was the result? _____

If you have not applied for unemployment, do you plan on doing so? YES NO

If you are claiming discrimination based upon handicap/disability, have you filed a workers' compensation claim related to your disability?

YES NO

If yes, what is the status of that claim? _____

Are you receiving social security benefits? YES NO

If yes, what amount do you receive and what date did you begin to receive these benefits?

Amount in \$: _____ Date _____

21 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 _____

