

**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; and (2) Public Accommodations based upon race, color, religion, sex, ancestry, national origin, handicap or disability, known association with a handicapped or disabled person, use of a guide or support animal due to blindness, deafness or physical handicap or because the user is a handler or trainer of such animals.

**IN-18A FORM - FORCED RESIGNATION 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

If you are alleging that you felt forced to resign or to retire as a result of employment discrimination, answer the following questions, using the continuation page at the end of the questionnaire, if additional space is needed.

3 What specific act(s) forced you to decide to resign or retire? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4 When did the above act(s) occur? \_\_\_\_\_

5 Why did you feel that you had no choice but to resign or to retire?

\_\_\_\_\_  
\_\_\_\_\_

6 Describe the circumstances by which you informed your employer of your intention to resign or retire.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6a Did you inform your employer verbally or in writing?

Verbally                      In Writing

6b If in writing, do you have a copy of this notification? If you do, please attach a copy.

**YES      NO**

6c On what date did you inform your employer of your intentions to resign or retire?

Date \_\_\_\_\_

6d What is the name and job title of the employer representative to whom you announced your intention to resign or retire?

Name \_\_\_\_\_

Job Title \_\_\_\_\_

6e What response, if any, was made when you announced your intentions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7 What specific reason(s) did you provide for wishing to resign or retire? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8 If you did not include any reference to any prior act(s) or employment discrimination, why did you not include this in making known your intention to resign or retire?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

