

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-12 FORM - LAY-OFF 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 What date were you notified of your impending lay-off? _____

3a How much notice did the employer give prior to your lay-off? If you were notified in writing, attach copies of any notices received. _____

3b What date did your lay-off begin? _____
Explain the reasons given to you by your supervisor or other official for the lay-off.

Who said this? (Please submit a written copy of the lay-off notice(s) if you have it.)

Name _____

Title _____

4 What was your job title/department and seniority date at the time of your lay-off?

Job Title/Department _____

Seniority Date _____

5 How does your employer select employees to be laid off? _____

Is the decision based on seniority, past performance or both? _____

Was your lay-off an exception to your employer's normal system? **YES** **NO**

If yes, please explain. _____

6 List all persons known to you who were retained during the lay-off and who, in your opinion, should have also been laid-off.

Name _____ Class _____

Job Title/Department _____ Hire Date _____

Name _____ Class _____

Job Title/Department _____ Hire Date _____

Name _____ Class _____

Job Title/Department _____ Hire Date _____

7 Do you have recall rights? **YES** **NO**

7a When do your recall rights expire? _____

Please explain. _____

8 Approximately how many people were affected by this lay-off? _____

9 Has anyone been hired or recalled since your lay-off? **YES** **NO**

9b Please provide any information you can that would identify this person(s).

Name _____ Class _____

Job Title/Department _____

Name _____ Class _____

Job Title/Department _____

10 Have you worked for any other employers since your lay-off? YES NO

If yes, please explain.

Employer _____

Job Classification _____

Title/Department _____

Length of time on this job _____

Date started _____ Weekly wages _____

11 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 _____

12 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.) _____

13 Did you file a union grievance? YES NO both step number and letter, and the name and title of the union official dealing with your grievance.

14 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? _____

15 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. _____

16 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 _____

