

**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-8 FORM - NON-PROMOTION/TRANSFER  
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 How **and** when did you find out about the position in question? \_\_\_\_\_

3a What is the date of your application for the job? \_\_\_\_\_

\_\_\_\_\_

3b How did you apply? Letter Bid Sheet Application

Asking your supervisor \*\*Other. Please explain.

If you applied in writing and still have a copy of your application, please include it with this questionnaire.

4 Was there more than one opening for the job? YES NO

5 What was your understanding of the requirements of each job for which you applied?

Horizontal lines for answer to question 5

6 If applicable, under what conditions and requirements can one transfer? Please cite any applicable sections of the union contract or civil service procedures, and provide us with a copy of the section cited if you are able.

Horizontal lines for answer to question 6

7 Is there a written job description? YES NO

If so, please provide a copy if you are able to do so.

8 Were you interviewed? YES NO

If so, please provide a description of the person(s) if the name(s) is not known.

Horizontal lines for answer to question 8

Date of Interview \_\_\_\_\_ Job Title \_\_\_\_\_

Name of person \_\_\_\_\_ Class \_\_\_\_\_

9 What did the person(s) ask you?

Horizontal lines for answer to question 9

10 What did the person(s) tell you?

Horizontal lines for answer to question 10

- 11 What were your qualifications for the job? \_\_\_\_\_
- 11a Length of Service \_\_\_\_\_
- 11b Your Training Service \_\_\_\_\_
- 11c Your Formal Education \_\_\_\_\_
- 11d Other \_\_\_\_\_

12 Were you given a trial period on the job for which you applied? **YES** **NO**  
If yes, please describe the trial period, length of time, training and supervision.  
\_\_\_\_\_  
\_\_\_\_\_

13 Did your supervisor recommend you for the promotion or transfer? **YES** **NO**

14 Were you required to complete a test? **YES** **NO**

15 Were you required to undergo a medical exam? **YES** **NO**  
If yes, what was the result? \_\_\_\_\_  
\_\_\_\_\_

16 How were you notified that you were not selected or granted transfer? (Verbal, by letter, at the job, etc.). Describe and furnish the date of notice and include any copies.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17 What reasons were given to you for not being selected?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18 What is your answer to the reason(s) given to you for not being selected for the promotion or transfer? (If what was said was not true, explain what was inaccurate. If the reason was not a misstatement of facts, explain what it is that leads you to think it was not the real reason.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19 Do you know who made the final decision not to promote or transfer you?

YES NO

Name \_\_\_\_\_

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

Unit/Department \_\_\_\_\_

Class \_\_\_\_\_

20 Who received the job(s) for which you applied? If you do not know the person's full name, tell us whatever you can about the person that would help to identify him/her.

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

a Name \_\_\_\_\_

Class (race, sex, age, etc.) \_\_\_\_\_

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

b Name \_\_\_\_\_

Class (race, sex, age, etc.) \_\_\_\_\_

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

c Name \_\_\_\_\_

Class (race, sex, age, etc.) \_\_\_\_\_

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

21 To the best of your knowledge, do you know of any way in which the person(s) selected for the job was/were not qualified or were less qualified than you? Please explain.

a \_\_\_\_\_

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

b \_\_\_\_\_

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

c \_\_\_\_\_

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

22 Do you know of any other employees who applied for the same job(s) and who, like you, were also not selected?

a Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Class (race, age, sex, etc.) \_\_\_\_\_

b Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Class (race, age, sex, etc.) \_\_\_\_\_

c Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Class (race, age, sex, etc.) \_\_\_\_\_

23 Please describe the CLASS of the person(s) who presently holds the job(s) for which you applied.

a Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Class (race, age, sex, etc.) \_\_\_\_\_

b Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Class (race, age, sex, etc.) \_\_\_\_\_

c Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Class (race, age, sex, etc.) \_\_\_\_\_

**PLEASE ANSWER QUESTIONS 24-26 IF THEY APPLY TO YOUR SITUATION.**

24 How often were you evaluated by your employer? \_\_\_\_\_

Who evaluated you the last time? \_\_\_\_\_

Name \_\_\_\_\_

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

Unit/Department \_\_\_\_\_

Class \_\_\_\_\_

25 What was your evaluation rating?

Above Average

Satisfactory

Unsatisfactory

Other

If other, please explain.

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

26

Have you ever received warnings about violations of company rules or poor performance?

**YES NO**

If yes, please describe the warning(s).

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

Who gave the warning/s to you?

When were you given the warning/s?

Where they in writing?

**YES NO**

What was the warning/s for?

\_\_\_\_\_

27

Are there any people who have specific information about your being denied the transfer or promotion?

**YES NO**

If so, for each person please provide the following information, using the Continuation Page if needed.

a Name

\_\_\_\_\_  
Job Title \_\_\_\_\_  
Unit/Dept. \_\_\_\_\_ Shift \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Did he/she directly observe your work habits **YES NO**

b Name

\_\_\_\_\_  
Job Title \_\_\_\_\_  
Unit/Dept. \_\_\_\_\_ Shift \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Did he/she directly observe your work habits **YES NO**

c Name

\_\_\_\_\_  
Job Title \_\_\_\_\_  
Unit/Dept. \_\_\_\_\_ Shift \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Did he/she directly observe your work habits **YES NO**

28 For each person listed in Question 28, please indicate exactly what information they can provide the Commission.

a \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29 Have you previously been denied a transfer or promotion by the same employer?

**YES NO**

If yes, please give the dates for all earlier rejections. \_\_\_\_\_

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

30 Who else applied for these earlier transfers or promotions?

Name \_\_\_\_\_

Class \_\_\_\_\_

Name \_\_\_\_\_

Class \_\_\_\_\_

Name \_\_\_\_\_

Class \_\_\_\_\_

31 Who was selected for these earlier transfers or promotions?

Name \_\_\_\_\_

Class \_\_\_\_\_

Name \_\_\_\_\_

Class \_\_\_\_\_

Name \_\_\_\_\_

Class \_\_\_\_\_

32 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.) \_\_\_\_\_

33 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.

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

34 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? \_\_\_\_\_

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

35 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. \_\_\_\_\_

36 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 \_\_\_\_\_

37 Do you still wish a transfer or promotion to the job for which you applied?

**YES** **NO**

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 \_\_\_\_\_

