

**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-7A FORM PERFORMANCE-RELATED DISCIPLINE  
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 (40+) \_\_\_\_\_ 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 Provide your employment history with your employer.

Date of hire \_\_\_\_\_

Position title at time of hire \_\_\_\_\_

Position title at time of most recent discipline \_\_\_\_\_



11 How do you know what this discipline policy is?

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12 Did you have performance problems to the extent claimed by your employer?

**YES NO**

If not, what is your version of your performance recorded and how can this be documented?

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13 Is performance documented by means such as manual or computer-generated sales records, productivity reports, etc.?

**YES NO**

If yes, describe the type(s) of reports generated. If there are no such reports or listings, to the best of your knowledge, how does the employer keep track of performance-related matters?

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14 Describe your last two performance reviews. Include the overall rating, any specific area(s) of negative comments, the approximate date of each review and the name and title of the person who gave you each review.

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15 Have you received any verbal or written counseling or notices of deficiency related to performance (i.e.. written warnings, suspensions, placed on probation, etc.)?

YES NO

If yes, describe all such actions to include nature of action taken by the employer, stated reason for action taken, date and name/title of supervisor or manager who caused the action to be taken.

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

16 Identify all persons in comparable positions who have had performance problems within the last two years, but who received a lesser discipline than you received. For each person named, provide the following information (add extra pages, if needed, to complete your answer.)

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

b Race \_\_\_\_\_ Sex \_\_\_\_\_

National Origin \_\_\_\_\_ Approx. Age \_\_\_\_\_

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

d Name/job title of immediate supervisor \_\_\_\_\_

e Description of performance problems \_\_\_\_\_

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

f Type of discipline, if any, given to this person \_\_\_\_\_

g When did this occur? \_\_\_\_\_

h How do you know about the performance deficiencies and discipline given to this employee?

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

17 Identify all persons in comparable positions who have had performance problems in the last two years, and who have been disciplined in the same manner as you were. For each person listed, provide the following information (add extra pages, if needed, to complete the answers.)

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

b Race \_\_\_\_\_ Sex \_\_\_\_\_

National Origin \_\_\_\_\_ Approx. Age \_\_\_\_\_

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

d Name/job title of immediate supervisor \_\_\_\_\_

e Description of performance problems \_\_\_\_\_

\_\_\_\_\_

f Type of discipline, if any, given to this person \_\_\_\_\_

g When did this occur? \_\_\_\_\_

h How do you know about the above circumstances?  
\_\_\_\_\_  
\_\_\_\_\_

18 Why do you believe that you and persons cited in question #17 were disciplined more severely than those persons cited in question #16?

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

19 For what reasons(s) do you believe that you were discriminated against?

\_\_\_\_\_ Sex \_\_\_\_\_ National Origin  
\_\_\_\_\_ Race \_\_\_\_\_ Age (40+) \_\_\_\_\_ 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 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 \_\_\_\_\_

