

**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-9 FORM - LEAVE RELATED TO PREGNANCY  
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 Explain why you believe that your CLASS was a factor in what happened to you. In other words, why do you believe your sex was a factor in what happened to you.

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

4 Discrimination means difference of treatment. Please explain what happened to you and why you feel you were treated differently because of the reason(s) you checked in Question Number 2. What happened to persons of a DIFFERENT CLASS that makes you feel they received more favorable treatment than you.

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5	Does your employer have a maternity leave policy?	<b>YES</b>	<b>NO</b>	
6	Is your employer's maternity leave policy written?	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>
7	Were you given a copy?	<b>YES</b>	<b>NO</b>	

**Please submit a copy of the written policy, if you are able to do so.**

8 If the maternity leave policy is unwritten, please explain the following.

8a The policy as you know it, and how you found out about it.

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8b The date you informed your employer that you were pregnant.

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8c The date you applied for maternity leave.

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8d According to the policy, as you know it, when does maternity leave begin?

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8e According to the policy, as you know it, when does maternity leave end?

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9 What do you have to do to obtain maternity leave? 

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Please submit a copy of any doctor's reports you may have submitted to your employer in this pregnancy. If you do not have any copies, please request that your doctor send you them so you can bring them to your interview.

10 Did your doctor ever advise you or your employer that your health or the health of your unborn child would be endangered by some or all of the duties of your job?

**YES      NO**

**If he/she did so in writing, please secure and bring a copy to your interview.**

11 Were you allowed to utilize sick leave or long-term disability leave **YES** **NO**

If not, please explain. \_\_\_\_\_

11a What is your company's policy regarding return to work following short or long term disability leave?

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

12 Are the policies in writing? **YES** **NO**

13 Were you given a copy? **YES** **NO**

14 Have they been explained to you? **YES** **NO**

*Please submit copies of any such written policies, if you are able to.*

15 Under the company's practice, do seniority rights, pension rights and vacation leave continue to accrue during periods of leave for short or long term disabilities?

**YES** **NO**

16 As a result of your pregnancy, were you placed on lay-off? **YES** **NO**

16a If so, on what date? \_\_\_\_\_

17 As a result of your pregnancy, were you discharged? **YES** **NO**

18 If so, on what date? \_\_\_\_\_

19 As a result of your pregnancy, were you granted maternity leave? **YES** **NO**

20 If so, on what date? \_\_\_\_\_

21 Is it the policy of the employer to grant unpaid leave to pregnant employees instead of paid leave? **YES** **NO**

22 Were you granted leave of absence without pay? **YES** **NO**

23 Can you name anyone who continued to receive salary during disability leave? **YES** **NO**

24 If yes, please provide the name(s).

a \_\_\_\_\_

b \_\_\_\_\_

c \_\_\_\_\_

25 Were you told you would be recalled or reinstated? **YES** **NO**

Please explain what you were told in this regard. \_\_\_\_\_

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

26 Who told you this?

Name

Title

27 What date were you told this?

28 What were you told about the position you would have, if any, upon your reinstatement?

29 Does your employer provide "Sick Leave"? **YES NO**

30 Does your employer allow employees to carry over from year to year their sick leave? **YES NO**

31 Were you allowed to use this accumulated sick leave before beginning your maternity leave, your lay-off or your discharge? **YES NO**

32 Does a person have to be employed a certain length of time or be a full time employee before they become eligible for sick leave on your employer's health plans? **YES NO**

33 Please explain

34 Were you eligible? **YES NO**

35 If you were not eligible due to your length or status of employment, please explain.

36 Does the company offer long/short-term disability leave. For example, in order to recuperate from a heart attack? **YES NO**

37 If so, is there a salary support plan for persons on this disability leave? **YES NO**

38 Please describe or submit a copy of the terms of this type of leave and salary support plan.

- 39 Are complications due to pregnancy covered under the company's long/short-term disability plan? **YES** **NO**
- 40 Do employees have to purchase hospitalization insurance coverage? **YES** **NO**
- 41 Is pregnancy covered under the employer's hospitalization insurance coverage plan? **YES** **NO**
- 42 Are there any additional premiums that must be paid for such coverage? **YES** **NO**
- 43 Are there other disabilities for which employees must pay additional premiums if they want hospitalization coverage. **YES** **NO**
- 44 If you are a teacher, does the school provide "Sabbatical Leave"? **YES** **NO**

*If there is a written policy, please submit a copy.*

- 45 Can a disabled employee become eligible for sabbatical leave? **YES** **NO**
- 46 Does sabbatical leave provide for salary support? **YES** **NO**

47 After your employer learned that you were pregnant, were you treated differently in terms of job assignment, job duties or hours from other employees?

If so, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

48 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.) \_\_\_\_\_

49 Did you file a union grievance? **YES** **NO**  
 50 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.

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**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 \_\_\_\_\_

