

**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-13 FORM - REFUSAL TO RECALL 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 did your lay-off begin? \_\_\_\_\_

3a Explain the reasons given to you by your supervisor or other official for the lay-off.

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

3b Who told you this? \_\_\_\_\_  
 Job Title: \_\_\_\_\_

3c Explain exactly what was said to you about your lay-off and possible recall.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3d Who told you this? \_\_\_\_\_  
 Job Title: \_\_\_\_\_

*Please submit a copy of any written lay-off/recall notice/s you have received.*

4 What was your job title/department and seniority date at the time of your lay-off?  
 Job Title/Department \_\_\_\_\_  
 Seniority Date \_\_\_\_\_

5 Does your employer have "written recall policy"? **YES** **NO**  
*If yes, please provide a copy of this policy.*

6 What is your employer's usual practice in recalling employees from lay-off? For instance, is the decision usually based on seniority, past performance, special skills or on a combination of such factors? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

7a Has anyone been hired or recalled since your lay-off? If yes, who? **YES** **NO**  
 Use the Continuation Page if needed.

Name \_\_\_\_\_  
 Job Title/Dept. \_\_\_\_\_  
 Class \_\_\_\_\_  
 Date of Hire/Recall \_\_\_\_\_

Name \_\_\_\_\_

Job Title/Dept. \_\_\_\_\_

Class \_\_\_\_\_

Date of Hire/Recall \_\_\_\_\_

Name \_\_\_\_\_

Job Title/Dept. \_\_\_\_\_

Class \_\_\_\_\_

Date of Hire/Recall \_\_\_\_\_

7b Is anyone, who has been recalled, doing the job you usually perform. **YES** **NO**

If yes, why do you believe you should have been recalled instead?

\_\_\_\_\_

8 Did any of the employees named in question 7 have less seniority than you? If yes, please list and explain. Use the Continuation Page if needed. **YES** **NO**

Name \_\_\_\_\_ Seniority \_\_\_\_\_

Name \_\_\_\_\_ Seniority \_\_\_\_\_

Name \_\_\_\_\_ Seniority \_\_\_\_\_

9 Did you contact your employer about not being recalled? **YES** **NO**

If yes, who did you contact?

Name \_\_\_\_\_

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

Date of Contact \_\_\_\_\_

10 Was the employer's refusal to recall you an exception to your employer's normal system? **YES** **NO**

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11 Are you or have you applied for unemployment compensation? **YES** **NO**

If so, what is the date of your application for benefits? \_\_\_\_\_

What is the number of weeks you have received this unemployment compensation?

\_\_\_\_\_  
Amount received per week \_\_\_\_\_

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

If yes, please explain. \_\_\_\_\_

Employer \_\_\_\_\_

Job Class/Title/Dept. \_\_\_\_\_

Length of time on job \_\_\_\_\_

Date Started \_\_\_\_\_

Weekly wages \_\_\_\_\_

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 Does your union contract spell out your recall rights? **YES** **NO**

*Please attach a copy of any pertinent clause, if you are able to do so.*

14 What is the union's position regarding your not being recalled?

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

15 Did you file a union grievance? **YES** **NO**

*Give both step number and letter, and the name and title of the union official dealing with your grievance.*

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

16 Does your reinstatement depend upon a joint union/management committee?  
**YES NO**

If yes, please provide the name given to such a committee. \_\_\_\_\_

17 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? \_\_\_\_\_

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

18 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.

19 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 \_\_\_\_\_

