



Date Received: _____

JHRC No. Assigned: _____

EMPLOYMENT DISCRIMINATION PRE-INTERVIEW QUESTIONNAIRE

IMPORTANT NOTICE

Completion of this form is necessary for the Jacksonville Human Rights Commission ("JHRC") to determine if you have sufficient legal grounds to file a Charge of Employment Discrimination ("Charge"). Completion of this form **does not** constitute the filing of a Charge of Employment Discrimination.

Upon receipt and review of this completed Questionnaire, an Equal Opportunity Specialist ("EOS") will contact you and may ask additional questions to clarify the facts you have presented. If the facts are sufficient, the EOS will prepare a formal Charge for you to sign and schedule a date and time for you to come into JHRC's offices to sign the Charge form. The Charge form will be notarized so you will need to present a valid picture form of identification.

If the facts are not sufficient or JHRC does not have the authority to investigate the allegations, JHRC will notify you and refer you to the appropriate agency to address your concerns, if appropriate.

Please answer all of the questions completely. If you do not know the answer, write "Not Known." If the question does not apply, write "N/A". **Please PRINT CLEARLY.**

If you do not understand a question, need assistance completing this form, or if you need this form in an alternate format, please contact JHRC's office at (904) 255-5397.

A. PERSONAL INFORMATION

Ms. Mr. Mrs.

Name: _____
(Last) (First) (Middle Name or Initial)

Address: _____ Apt or Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Work: _____ Mobile: _____

Email Address: _____

When is the best time of day to reach you? _____

Birth Date: _____ Age: _____ Last Four Digits SS#: _____

My Gender is: _____ My Racial Identity is: _____

What was the Job Title of the position you applied for? _____

E. YOUR DISCRIMINATION CLAIM: Please indicate why you believe you have been discriminated against. (Check and respond only to those that apply to your claim.)

Race: *If your claim is based on race, what is your race?* _____

Color: *If your claim is based on color, what is your color?* _____

National Origin: *If your claim is based on national origin, in what country were you born?*

Sex: *If your claim is based on sex (gender), what is your sex (gender)?* _____

*If your claim is based on **sexual harassment**, did you report the harassment to your employer?* Yes No

What action(s) did the employer take based on your report? _____

*If your claim is based on **pregnancy**, when did the employer learn that you were pregnant?*

What action(s) did the employer take? _____

Sexual Orientation

Gender Identity

Age: *If your claim is based on age, what is your age?* _____

Religion: *If your claim is based on religion, what is your religion?* _____

Did you request an accommodation for a religious practice or belief? Yes No

If "Yes", what was the employer's response to your request? _____

Disability: *If your claim is based on disability, what is your disability?* _____

Did you request an accommodation for your disability? Yes No

Note: If your claim is based on your disability, please complete the Disability Addendum – Employment

Marital Status: *If your claim is based on marital status, please indicate whether you are:*

Single Married Divorced

Retaliation: *If your claim is based on retaliation, have you:*

Previously filed a claim of discrimination using your employer's internal procedures?

Yes No

*Previously filed a claim of employment discrimination with: **EEOC:*** Yes No

JHRC: Yes No **Union:** Yes No

Florida Commission on Human Relations Yes No

F. YOUR ALLEGATIONS: The most recent date of harm took place on: _____

Date: _____ **Harm:** Discharge Lay-Off Disciplinary Action

Failure to Promote Harassment Demotion Denied Transfer

Failure to Hire Unequal Wages Unequal Benefits Failure to Recall

Other: _____

Name & Title of Person(s) Responsible: _____

What reason(s) did the employer give for the alleged discriminatory treatment? _____

Who committed similar violations and was treated differently? _____

Date: _____ **Harm:** Discharge Lay-Off Disciplinary Action

Failure to Promote Harassment Demotion Denied Transfer

Failure to Hire Unequal Wages Unequal Benefits Failure to Recall

Other: _____

Name & Title of Person(s) Responsible: _____

What reason(s) did the employer give for the alleged discriminatory treatment? _____

Who committed similar violations and was treated differently? _____

Date: _____ **Harm:** Discharge Lay-Off Disciplinary Action

Failure to Promote Harassment Demotion Denied Transfer

Failure to Hire Unequal Wages Unequal Benefits Failure to Recall

Other: _____

Name & Title of Person(s) Responsible: _____

What reason(s) did the employer give for the alleged discriminatory treatment? _____

Who committed similar violations and was treated differently? _____

If you were **denied a promotion**, when did you apply? _____

What was the job title of the position you applied for? _____

What date was the job position posted? _____

Who received the promotion you were seeking? _____

If you were **harassed**, who harassed you? _____

When did the harassment start? _____

Is the harassment still continuing? Yes No Ending date _____

Please provide two or three examples of the harassment you experienced: _____

Did you report the harassment? Yes No

If "Yes", to whom did you report the harassment?

Name & Title: _____

Did the harassment stop after you reported it? Yes No

If "No", how often does the harassment occur? _____

Why do you believe the actions taken against you were discriminatory? _____

G. WITNESSES: Please identify any witnesses to the alleged discriminatory incidents?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

What did this person see or hear? _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

What did this person see or hear? _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

What did this person see or hear? _____

H. DESIRED RESOLUTION: What would you be willing to accept to resolve this matter?

Neutral Job References Promotion Harassment Stopped Back Pay

Posting Requirements Benefits Reinstatement Training

Other (Please Specify): _____

I. OTHER ASSISTANCE:

Have you sought assistance from any other government agency, attorney, the Union, or from any other source? Yes No

If "Yes", what is the name of the agency/source: _____

Have you previously filed a Complaint with JHRC or EEOC? Yes No

If "Yes", when did you file: _____ Charge No. (If known): _____

J. HOW DID YOU HEAR ABOUT FILING A CHARGE OF DISCRIMINATION WITH JHRC?

- Referred by: _____ City/JHRC website JHRC Facebook
- Radio/print/social media advertisement (if yes, which ad): _____
- Other: _____

PLEASE READ AND SIGN

1. I understand that completion of this Questionnaire is necessary for the JHRC to determine if I have sufficient legal grounds to file a Charge of Employment Discrimination.
2. I understand that the completion of this Questionnaire **does not** constitute the filing of a Charge of Employment Discrimination.
3. I understand that to be timely filed, a Charge of Discrimination must be filed within 180 days of the date of the most recent act of the alleged discrimination. If a Charge is filed after 180 days but within 300 days, the JHRC will not investigate my Charge but will forward it to the U.S. Equal Employment Opportunity Commission ("EEOC") for processing and investigation.
4. I understand that this Questionnaire will be considered confidential and will not be disclosed (except to the parties to this proceeding, including the employer and its legal representative) as long as the case remains open unless it becomes necessary for JHRC to disclose the Questionnaire in a formal proceeding.

Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.

Print Name: _____

Signature: _____ **Date:** _____