

<b>Utah Antidiscrimination &amp; Labor Division</b> Employment Discrimination 160 East 300 South, 3rd Floor INTAKE QUESTIONNAIRE PO Box 146630 Salt Lake City, UT 84114-6630 Phone: 801-530-6801 Fax: 801-530-7609 Email: <a href="mailto:discrimination@utah.gov">discrimination@utah.gov</a>	FOH _____ LOR _____ Intake Waiver _____ LOH _____ 180 _____ 300 _____	
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DO NOT WRITE ABOVE THIS LINE – FOR UALD STAFF ONLY



**This form does not represent a Charge of Discrimination with the Utah Antidiscrimination and Labor Division (the “Division”).** In order to file a Charge with the Division, you must first complete and return all four pages of this form and return it to the Division by e-mail to [discrimination@utah.gov](mailto:discrimination@utah.gov), or mail to the address above. **REMEMBER**, a charge of employment discrimination must be filed with the Division within the time limits imposed by law, which is 180 days from the date you knew about the discrimination. However, in cases within 300 days, the Division will process and waive the charge to the Equal Employment Opportunity Commission. When the Division receives this form, it will review it to determine jurisdiction. **Answer all questions completely, and attach additional pages, if needed, to complete your responses. If you do not know the answer to a question, answer by stating “not known.” If a question is not applicable, write “NA.” (TYPE or PRINT).** The Division will use the information in this Intake Questionnaire to draft a Charge and send it to you. **The Division can only open a case after it has received your signed, notarized Charge back.** To help the Division identify the correct Employer, provide a copy of a W-2 or paycheck with this Questionnaire, where available. Failure to do so may result in a delay in creating a charge.

I have attached a copy of a W-2 or paycheck     I am unable to because: \_\_\_\_\_

**1. Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street or Mailing Address: \_\_\_\_\_ Apt or Unit #: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**YOU MUST PROVIDE THE DIVISION WITH YOUR EMAIL ADDRESS: Please be advised that the Division will send all written correspondence via e-mail unless you elect to receive communications with the Division via U.S. Mail and opt out of e-mail communication below:**

Check this box to opt out of e-mail communication and for all communication with the Division to be via U.S. mail.

Email Address: \_\_\_\_\_ Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Sex:  Male  Female  Intersex  Decline to specify Do You Have a Disability?  Yes  No

**Please answer each of the next three questions:**

- i. Are you Hispanic or Latino?  Yes  No
- ii. What is your Race? Please choose all that apply.  American Indian or Alaskan Native  Asian  White  
 Black or African American  Native Hawaiian or Other Pacific
- iii. What is your National Origin (country of origin or ancestry)? \_\_\_\_\_

**Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**2. Employer Information:** I was discriminated against by the following type(s) of organization(s): (Check those that apply.)

Employer  Union  Employment Agency  Other: (Please specify) \_\_\_\_\_

**Organization Contact Information** (If the organization is an employer, provide the organization name listed on your W-2 tax form OR paycheck, and the address where you actually worked. If you work from home, check here  and provide the address of the office to which you reported.) **If more than one employer is involved, attach additional sheets.**

Organization Name<sup>1</sup>: \_\_\_\_\_

Alternate Name for Your Employer<sup>2</sup>: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Location: (if different from above) \_\_\_\_\_

Human Resources Director or Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Number of Employees in the Organization at All Locations:** (Check one)

Fewer than 15  15 or more  Number of employees unknown

**3. Your Employment Data** (Complete as many items as you are able.) **Are you a federal employee?**  Yes  No

Date Hired: \_\_\_\_\_ Job Title: \_\_\_\_\_ Job Title At Hire: \_\_\_\_\_

Pay Rate When Hired: \_\_\_\_\_ Last or Current Pay Rate: \_\_\_\_\_

Date Quit/Discharged: \_\_\_\_\_ Quit  Terminated  Forced to quit  Currently employed

Name and Title of Immediate Supervisor: \_\_\_\_\_

If Job Applicant, Date You Applied for Job: \_\_\_\_\_ Job Title Applied For: \_\_\_\_\_

**4. Reason (Basis) for Your Claim of Employment Discrimination:** *FOR EXAMPLE, if you feel that you were treated worse than someone else, or subjected to unwanted conduct, because of race, you should check the box next to Race. If you feel you were treated worse, or subjected to unwanted conduct, for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation (listing the date(s) of complaints, and people you complained to below).*

- Race  Sex  Age  Disability  Gender Identity  Sexual Orientation  National Origin  Religion  Retaliation  
 Pregnancy  Color (typically a difference in skin shade within the same race)  Genetic Information  
 Religious Liberty (You expressed your religious or moral beliefs in the workplace or religious, political, or personal convictions, outside of the workplace)  Other: (Specify) \_\_\_\_\_

Please specify your color, religion, gender identity, or national origin, if checked above: \_\_\_\_\_

**5. What happened to you that you believe was discriminatory?** Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed. (Examples: (1) Date: 10/02/18; Action: Discharged; Name and Title of Person Responsible: Ms. Kimberly Jackson, director (2) Date: 5/19/19; Action: Unwanted touch Name and Title of Person Responsible: Mr. John Soto, production supervisor) Include the most recent action which you feel was discriminatory. (This is important because it determines whether your charge is filed on time.)

(1) Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person Responsible: \_\_\_\_\_

(2) Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person Responsible: \_\_\_\_\_

(3) Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person Responsible: \_\_\_\_\_

<sup>1</sup> Please identify the name of the company as it is show on your paystub and/or W-2.

<sup>2</sup> If the name commonly used to refer to your employer is something else, please provide that name here.

6. Why do you believe these actions were discriminatory/retaliatory? Please attach additional pages if needed.

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7. What reason(s) were given to you for the acts you consider discriminatory? By whom? Their Job Title?

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8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, gender identity, sexual orientation, pregnancy status, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Person(s) in the same or similar situation as you, who was/were treated *better* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>

Person(s) in the same or similar situation as you, who was/were treated *worse* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>

Person(s) in the same or similar situation as you, who was/were treated the same as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>

ANSWER QUESTIONS 9-12 ONLY IF YOU ARE CLAIMING DISCRIMINATION BASED ON DISABILITY. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:
- Yes, I have a disability
  - I do not have a disability now but I did have one
  - No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for your employer treating you differently? Does this disability prevent or limit you from doing anything? (E.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.)

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11. Did you ask your employer for any changes or assistance to do your job because of your disability?  Yes  No

If yes, when did you ask? \_\_\_\_\_ Was your request verbal or written? \_\_\_\_\_

Who did you ask? (Provide full name and job title of person) \_\_\_\_\_

Describe the changes or assistance that you asked for:

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How did your employer respond to your request?

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**12. Are there any witnesses to the incidents described in this questionnaire?** If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name                      Job Title                      Address & Phone Number                      What do you believe this person will tell us?

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**13. Have you filed a similar complaint with another agency?**  Yes  No (If yes, provide name of agency and date below:)

**Are you represented by an attorney?**  Yes  No (If yes, provide contact information of the attorney below:)

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If you would like to file a charge of job discrimination, you must do so either within 300 days from the day you knew about the discrimination. **If you do not file a charge of discrimination within the time limits, you will lose your rights.**

**Please check one:**

I want to talk to a Division employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the Division. **I also understand that I could lose my rights if I do not file a charge in time.**

I want to file a charge of discrimination, and I authorize the Division to look into the discrimination I described above. I understand that **the DIVISION must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name.** I also understand that the Division can only accept charges of job discrimination based on race, color, religion, sex, gender identity, sexual orientation, pregnancy, religious liberty, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Today's Date**

In submitting this form, you agree to advise the Division of any change in your address/e-mail/telephone number. You also agree to notify the Division in writing if your legal representation changes during the course of the investigation. Such notice must be sent directly to the Case Manager or the Director, in care of the Division. Failure to cooperate may result in the dismissal of the charge or issuance of findings based on the information contained in the file.