

STATE OF RHODE ISLAND  
COMMISSION FOR HUMAN RIGHTS  
180 Westminister Street, Third Floor  
Providence, RI 02903-1918  
401-222-2661 TDD: 401-222-2664 Fax: 401-222-2616

**EMPLOYMENT DISCRIMINATION QUESTIONNAIRE**

Please type or print your answers as completely as possible on this form and return it to the Commission at the above address. You will be contacted regarding the filing of a formal charge if your allegations come under Commission jurisdiction. This is **not** a formal charge of discrimination. **IF QUESTION # 8 IS NOT ANSWERED COMPLETELY, THE COMMISSION CANNOT PROCESS YOUR CHARGE.**

Indicate Mr./Mrs./Ms \_\_\_\_\_

Date \_\_\_\_\_

1. Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (with area code) Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. How did you learn about the Commission?    Commission Brochure    Commission Commercial  
Commission Website    Other \_\_\_\_\_

3. Who are you filing against?     Company     Union     Employment Agency     Government  
 Other    Name \_\_\_\_\_

Address \_\_\_\_\_

Company President \_\_\_\_\_ Phone \_\_\_\_\_

Do you wish to file a charge against a specific person who discriminated against you?     Yes     No

If "yes", you must provide the following: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone (with area code) \_\_\_\_\_

4. Approximate number of employees at the above named company \_\_\_\_\_

5. If you are now employed by the company above, specify your position \_\_\_\_\_

If not, specify the position you held or sought \_\_\_\_\_

6. Cause of Alleged Discrimination:     Race     Color     Religion     Ancestral Origin  
 Sex     Disability     Age (40 or above)     Sexual Orientation     Gender Identity or Expression  
 Unlawful Questioning (Arrest Record, Criminal Conviction or Other)     Retaliation

Explain cause \_\_\_\_\_ Example: if you circled race, indicate your race

7. Please check the alleged discriminatory action/condition:

Refusal to Hire     Termination/Discharge     Denial of Promotion     Layoff     Unequal Pay

Discriminatory Work Environment     Discriminatory Treatment     Maternity     Demotion

Harassment (sexual or other)     Reasonable Accommodation     Other (Indicate) \_\_\_\_\_

8. Please explain (on a separate paper) what action was taken against you that you believe to be discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? Please include all relevant names and dates. If you named any individual(s) in Question #3, you must explain the discriminatory actions that this person took, or the individual(s) will not be named in the charge. If you have any documents concerning the situation, please attach copies to your statement.

9. Please specify the date(s) and place the alleged harm took place \_\_\_\_\_

10. Have you sought any assistance about the action you think was discriminatory from any other source?

Yes  No If yes, indicate:

Name of source of assistance \_\_\_\_\_

Result, if any \_\_\_\_\_

\_\_\_\_\_

11. If you have spoken with a lawyer, please indicate: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Will he/she be representing you? Yes No

12. Please provide the name of a person not living with you who would know how to contact you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

**If you have a disability and need a reasonable accommodation in order to complete this form, please notify the Commission and one will be provided to you.**

**FOR OFFICE USE ONLY – DO NOT WRITE HERE**

SEND NOTICES TO:

A) Agent for Service \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

B) Corporate Headquarters \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

C) Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_