



WASHINGTON STATE HUMAN RIGHTS COMMISSION
EMPLOYMENT COMPLAINT QUESTIONNAIRE
 Local: 360.753.6770 | Toll Free: 1.800.233.3247
 Fax: 360.586.2282

For Official Use Only

WSHRC DATE STAMP

The Washington State Human Rights Commission (WSHRC) is a neutral, fact-finding law enforcement agency. It does not act as an advocate for any party during an investigation, but advocates for the law in the interest of preventing and eliminating discrimination.

Answer all questions completely and please write clearly.
INCOMPLETE QUESTIONNAIRES WILL NOT BE ACCEPTED

If you require assistance in completing this form as a reasonable accommodation, please contact us at 1.800.233.3247 or at frontdesk@hum.wa.gov.

After completing this Complaint Questionnaire, return it immediately to:

**711 S. Capitol Way, Suite 402 PO BOX 42490
 Olympia, WA 98504-2490**

or via e-mail at

frontdesk@hum.wa.gov

CHECK HERE IF YOU HAVE ALREADY FILED A COMPLAINT WITH ANOTHER AGENCY

If yes, agency name:

Date you filed: Complaint Number:

What is the status of your other complaint?

PERSONAL INFORMATION

KEEPING YOUR CONTACT INFORMATION CURRENT

It is your obligation to cooperate with the investigation, including providing the Commission with notice of any change of address, phone number, or any prolonged absence from your current address. If you fail to notify the Commission of any change in address or prolonged absence, your inquiry or complaint may be closed administratively due to our inability to locate you, or may be closed based upon the evidence at the time.

First Name: MI Last Name:

Home Phone: Cell Phone:

E-Mail: Sex/Gender:

Mailing Address: Apt/Unit #:

City: County: State: Zip Code:

What is the best way to reach you?

What are the best days and times to reach you?

WHO DO YOU THINK DISCRIMINATED AGAINST YOU?

- Employer Union Employment Agency Other Organization

Organization Name:

Provide address location of where you work(ed) or applied to work:

Physical Address: Suite:

City: County: State: Zip Code:

Mailing Address (if different from above):

Mailing Address: Suite:

City: County: State: Zip Code:

Name of Human Resources Director or Owner:

E-Mail: Phone:

How many employees (estimated) does the organization have at all locations? Check one:

- Less than 8 8-14 15-100 101-200 201-500 500 +

WHY DO YOU THINK YOU WERE DISCRIMINATED AGAINST?

Age (40 or older) - Age at the time of the adverse employment action:

Race -

National Origin -

Color (skin shade) -

Creed/Religion -

HIV/Hep C Status

Citizenship / Immigration Status

Sex (including pregnancy)

Veteran Status

Gender Identity/Sexual Orientation

Marital Status

Disability - Check all that apply

Use of Service Animal or Dog Guide

I have a disability - the disability involved

I had a disability in the past.

I don't have a disability but I am treated as if I have a disability.

Is your employer aware of your condition? Yes No

If yes, how?

State Employee Whistleblower Retaliation/Other Retaliation

Have you filed a whistleblower complaint with another agency?

If yes, when? What was the issue?

Retaliation - Check all that apply:

I filed a charge of job discrimination about any of the above.

I contacted a government agency to complain about job discrimination.

I complained to my employer about job discrimination.

I helped or was a witness in someone else's complaint about job discrimination.

WHAT IS YOUR JOB, PREVIOUS JOB, OR THE JOB YOU APPLIED FOR?

Date Hired: Job Title at Hire:

Annual Pay Rate When Hired: Last or Current Annual Pay Rate:

Job Title at Time of Alleged Discrimination:

Date your employment ended: Quit Discharged / Laid Off

Name and Title of your Immediate Supervisor:

Job Applicants - What was the title of the job you applied for:

Date you applied: Date you found out you were not hired:

WHAT HAPPENED TO YOU THAT YOU THINK WAS DISCRIMINATORY? WHEN DID IT HAPPEN?

EXAMPLES: I was denied an accommodation I needed to perform my job; I was fired because I was pregnant; I was laid off because of my age. State the dates the action happened.

Date: Action:

Date: Action:

WHAT REASON(S) WERE YOU GIVEN FOR THIS JOB ACTION?

Name of Person(s) Responsible:

Reason(s):

Who told you this? Their Job Title:

WAS ANOTHER PERSON IN THE SAME OR SIMILAR SITUATION TREATED THE SAME, BETTER, OR WORSE THAN YOU?

EXAMPLES: Who else applied for the same job? Who else had the same attendance record?

WHO WAS TREATED BETTER THAN YOU?

Name: Job Title:

Phone / E-Mail:

Check how they are different from you:

Use of Service Animal or Dog Guide

Race Religion National Origin Age HIV/Hep C Status Sexual Orientation

Color Disability Veteran Status Sex Gender Identity Martial Status

Citizenship / Immigration Status Other

How were they treated better?

Date:

WHO WAS TREATED WORSE THAN YOU?

Name: Job Title:

Phone / E-Mail:

Check how they are different from you:

- Race Religion National Origin Age HIV/Hep C Status Sexual Orientation
 Color Disability Veteran Status Sex Gender Identity Martial Status
 Citizenship / Immigration Status Other

How were they treated worse?

Date:

WHO WAS TREATED SAME AS YOU?

Name: Job Title:

Phone / E-Mail:

Check how they are different from you:

- Use of Service Animal or Dog Guide
 Race Religion National Origin Age HIV/Hep C Status Sexual Orientation
 Color Disability Veteran Status Sex Gender Identity Martial Status
 Citizenship / Immigration Status Other

How were they treated the same?

Date:

ARE THERE ANY WITNESSES TO ANY OF THE JOB ACTIONS TAKEN AGAINST YOU? IF YES, PLEASE PROVIDE THEIR CONTACT INFORMATION AND TELL US WHAT THEY WILL SAY.

Name: Job Title:

E-Mail: Phone:

What will they tell us?

Name: Job Title:

E-Mail: Phone:

What will they tell us?

WHO CAN WE CONTACT IF WE ARE UNABLE TO REACH YOU?

Name: Relationship:

Mailing Address: Apt/Unit #:

City: County: State: Zip Code:

E-Mail: Phone:

HAVE YOU ALREADY FILED A CHARGE ON THIS MATTER WITH THE WASHINGTON STATE HUMAN RIGHTS COMMISSION?

Yes No If yes, date you filed: Charge Number:

IF YOU HAVE SOMEONE REPRESENTING YOU IN THIS MATTER, PLEASE PROVIDE US WITH THEIR CONTACT INFORMATION.

Attorney Union Other

Name: Date of Contact:

E-Mail: Phone:

ADDITIONAL COMMENTS

Is there anything else we should know?

PUBLIC DISCLOSURE

Be advised: any information and documents that you submit to the Commission are subject to public records laws and will be available to anyone who requests them.

This includes medical and other types of private records.

Therefore, it is in your best interest not to submit anything unless requested by your investigator.

The Washington State Human Rights Commission (WSHRC) has no jurisdiction to investigate complaints against the following: employers with fewer than 8 employees; Native American tribes; the federal government; or complaints otherwise outside the WSHRC's statutory authority. This includes, but is not limited to, complaints in which the last date of harm occurred more than 6 months prior to the filing date of the complaint, or more than 2 years prior in the case of a state-employee whistle-blower retaliation claim.

Complaints that do not meet jurisdictional requirements, including complaints where the allegations of the complaint, if true, show no basis for commission action after preliminary evaluation, will not be accepted for investigation.

I want to file a charge of discrimination. I authorize the WSHRC to look into the discrimination I described in this Complaint Questionnaire.

I understand that if my claim does not meet jurisdictional requirements, it will not be accepted for investigation and that there will be no follow-up on this inquiry from the WSHRC.

Signature: Date:

ANY DECISION MADE BY THE COMMISSION DOES NOT PRECLUDE YOUR RIGHT TO FILE A CIVIL ACTION IN A COURT OF COMPETENT JURISDICTION, PURSUANT TO RCW 49.60.030.