



City of Scranton
HUMAN RELATIONS COMMISSION
 340 N. Washington Avenue
 Scranton, PA 18503

**SCRANTON HUMAN RELATIONS COMMISSION
 EMPLOYMENT DISCRIMINATION QUESTIONNAIRE**

1. YOUR CONTACT INFORMATION

Name _____

Address _____

_____ CITY STATE ZIP CODE

Phone Number (H) _____ (Cell) _____

(Work) _____ May we call you at work? Yes No

E-mail address: _____

Name, address and phone number of a person, who does **NOT** live with you and will know how to contact you.

Name _____ Phone Number _____

Address _____ Street Apt.

_____ City State Zip Code

E-mail address _____

2. AGAINST WHAT EMPLOYER DO YOU WANT TO FILE YOUR COMPLAINT?

Employer Name _____

Address in PA _____ Street City State Zip Code

Phone Number _____ E-mail address _____

Type of Business _____

NUMBER OF UNITS OWNED OR MANAGED BY THE ABOVE (If applicable).

_____ Fewer than 4 _____ 4 to 15 _____ 15 to 20 _____ 20 or more

Type of business _____ Is the employer a federal agency? Yes No

3. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DTERMINE IF WE CAN ASSIST YOU. PLEASE CHECK ALL THAT APPLY.

Write the Date(s) you were harmed beside the discriminatory event or action:

<input type="checkbox"/> Discharge _____ Date	<input type="checkbox"/> Lay-Off _____ Date	<input type="checkbox"/> Failure to recall _____ Date
<input type="checkbox"/> Forced Transfer _____ Date	<input type="checkbox"/> Denied Transfer _____ Date	<input type="checkbox"/> Demotion _____ Date
<input type="checkbox"/> Forced Leave _____ Date	<input type="checkbox"/> Leave Denied _____ Date	<input type="checkbox"/> Unequal Wages _____ Date
<input type="checkbox"/> Unequal Benefits _____ Date	<input type="checkbox"/> Failure to Hire _____ Date	<input type="checkbox"/> Failure to Promote _____ Date
<input type="checkbox"/> Discipline _____ Date	<input type="checkbox"/> Forced to Quit _____ Date	

Not accommodated because of your: Disability _____ Date Religion _____ Date

Harassment _____
(Complete question #7 if you were harassed.)

OTHER, please be specific: _____

4. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, age, sex, national origin, familial status, disability or the use, handling or training of a guide or support animal for blindness, deafness or physical disability. For example, If you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you feel you were treated differently because of your race and sex, please check both race and sex. **Only check those reasons which explain why you were harmed.** Also, please identify your race, color religion, national Origin or ancestry, **if** you were discriminated against based on those factors.

Male Female Pregnant

Age (40 or older only) Date of Birth _____

Race _____ Color _____

Religion _____ Ancestry _____

National Origin (Country in which you were born) _____

Association with a person of a different race than your own:
Your race _____ the other person's race _____

Use of a guide or support animal for disability

Refusal to perform, participate in, or cooperate in abortion or sterilization services

GED Other _____

___ I have a disability. (please complete #8) ___ The employer treats me as if I am disabled.

___ I had a disability in the past. (please complete #8)

___ I have a relationship or association with someone who has a disability. (please complete #8)

___ **RETALIATION**

If you believe you were **harmed** because you complained about what you believe to be unlawful discrimination Because you **filed** a complaint about unlawful discrimination, or because you assisted someone else in Complaining about discrimination, please complete the following information.

Date you filed a complaint with the Scranton Human Relations Commission _____
If you filed a complaint with another agency, list the agency's name and date of filing:

Date you complained about discrimination _____

Date you assisted someone in complaining about discrimination _____

5. WHEN WERE YOU HIRED OR WHEN DID YOU APPLY FOR A JOB WITH THE EMPLOYER?

Date you became an employee: _____ Position you were hired for _____

What was your position at the time you were harmed? _____

If you were seeking to be hired by an employer: When did you apply? _____

When did you learn you were not hired? _____

6. STATE THE REASONS FOR THE EMPLOYER GAVE YOU FOR ACTIONS THAT HARMED YOU.

Who told you about the employer's reasoning for the action? Include his or her job title. _____

When were you told about the action taken against you? (Date) _____

If you were given no reason, please check here ___.

Regarding how you were harmed, please identify a person or persons who were treated better than you. For example, as a **male employee** you were disciplined for a work violation, but a **female employee** who committed the same work violation was not disciplined.

Name of employee – First and Last if known _____

How is this person *different* from you? For example, what is his or her race, age, religion, etc.? _____

Please explain **exactly** how this person was treated better or differently than you. Include dates. _____

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. which can be investigated, and which directly relates to why you were treated differently than someone else. _____

7. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #4 ABOVE, ANSWER THE FOLLOWING QUESTIONS.

What is your disability? _____

How long have you had this disability and when did it start? _____

Do you still have this disability? _____

If yes, how much longer do you expect to have the disability? _____

What major life activities do **you have great difficulty performing** because of your disability (check all that apply) Seeing Hearing Bending Walking Lifting Stooping Turning

Climbing Running Talking Standing for long periods Sitting for long periods

Caring for yourself Thinking Concentrating Relating to Others

Other Major Life Activities (**Be specific**) _____

If you have had a disability in the past, when did it start, and what date did it end? _____

If your employer treats you as if you are disabled: What disability do they think or believe you have? _____

Who are the people that are treating you as disabled? (names & positions) _____

Why do you think that these people think or believe you have a disability? _____

How did your employer learn about your disability? _____

On what date did they learn about your disability? _____

Which specific manager/official learn about your disability (incl. position & title) _____

If you are related to someone who has a disability, what is your relationship to this person? _____

What is this person's disability? _____

How and on what date did the landlord, manager, etc. learn about this person's disability? _____

Did you ask for an accommodation, modification or assistance? Yes No

IF YES,

(1) To whom did you make your request? _____

(2) On what date was the request made? _____

(3) Please describe the accommodation or modification you requested, and why. _____

Did the employer provide requested accommodation or assistance? Yes No

If so, on what date? _____

Did the employer provide some other accommodation or assistance instead? Yes No

If yes, please explain. _____

Did the employer deny your request for an accommodation or assistance? Yes No

If so, who denied your request? _____

What date was the request denied? _____

What reason was given to you for the denial? _____

8. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #3, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.

Name the person (s) who harassed you _____

His or her position or job title _____

When were you harassed? Starting date _____ Ending date _____

Is the harassment still continuing? Yes No

How often did the harassment occur? As well as possible, please indicate **date, month and year** of each incident

and how often the harassing actions occurred. One time only Once a day Several times daily

Multiple times/week Multiple times/month

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

Did you consider any of the above acts of harassment to be especially severe and/or offensive? Yes No

If so, please explain why. _____

Did the harassment have a negative or harmful effect on your work environment, health or personal life? If so, please explain: _____

Did you complain to anyone about the harassment? Yes No

To whom did you complain? (name/title) _____ Date _____

Did the harassment stop after you complained about it? Yes No

If it ended, on what date did it stop? _____

After you complained, were any other actions taken against you? (for example – eviction, denied service etc.)
 Yes No

What were the actions? _____

On what dates did they occur? _____

Who took the action against you? _____

Did this person know that you complained about the harassment? Yes No

Please identify someone who is different than you and who was treated better: _____

How were they treated better regarding the harassment? _____

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- 9. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOUR OR ANYONE ELSE). IF SO, PLEASE SPECIFY THE COURT AND THE DATE FILED, TO THE BEST OF YOUR MEMORY. Yes No**

Court	City	County	State	Date filed
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- 10. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:**

Name of the agency with which you filed _____

