

NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS
2 CHENELL DRIVE UNIT 2
CONCORD, NEW HAMPSHIRE 03301-8501
(603) 271-2767
FAX: (603) 271-6339
TTD ACCESS: RELAY NH 1-800-735-2964
Email: humanrights@nhsa.state.nh.us

EMPLOYMENT INTAKE QUESTIONNAIRE

THIS IS NOT A CHARGE OF DISCRIMINATION. This is a questionnaire which will give a Commission investigator information about your claim. An investigator must decide whether you have the basis to file a formal charge. If the investigator needs more information from you, you will be interviewed by telephone, after we receive your completed questionnaire. If a Charge is to be filed, the Commission will draft your charge from the information you provide and will send the charge to you in the mail. You will then sign the charge under oath and return it to the Commission for filing/docketing. If the Commission believes you do not have the basis to file a charge of discrimination, you will be sent a letter explaining why.

Have you already filed a charge of discrimination with the EEOC? _____

Please fill out this form as completely as possible, print out a copy, and mail it to the above address.

You may also FAX your completed questionnaire to us at: 603-271-6339.

Keep a copy of the completed questionnaire for your records.

Name _____ Date _____
Address _____
City _____ State _____ Zip Code _____
Telephone number Home: _____ Work _____
Email address: _____
Name, address and phone number of a relative, friend or neighbor who would know how to reach you. _____

I believe I was discriminated against in employment because of: please specify

- Race or Color National Origin Creed (Religion) Marital Status
- Sex (includes sexual harassment and pregnancy) Sexual Orientation
- Physical Disability Mental Disability Equal Pay
- Age (date of birth _____) Retaliation

If you checked race, please indicate your race _____

If you checked National Origin, please indicate your National Origin _____

The following question is voluntary if not checked above:

What is your Race? _____ What is your National Origin? _____

REQUIRED

First date of Discrimination: Month _____ **Day** _____ **Year** _____

Last date of Discrimination: Month _____ **Day** _____ **Year** _____

I was treated differently from others or denied the same opportunity in:

Refusal to Hire Termination/Discharge Layoff Pay
 Denial of Promotion Demotion Maternity Sex Harassment
 Working Conditions Reasonable Accommodation
 other (describe briefly) _____

I wish to file a charge against:

Name of Organization: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (include area code) _____

Approximate number of employees: _____

Are you currently employed by this organization? If yes, when did employment begin?

_____ Present position _____

If no, specify the position you held or sought. _____

Please explain on a separate page what action was taken against you that you believe to be discriminatory. Provide details such as names and dates, etc. Were other persons treated differently than you? Please describe. What harm, if any, was caused as a result of that action?

If you are filing a charge of disability discrimination please provide the following:

How do you allege you were discriminated against based on a disability? What is your disability? What is/was your job or the job you applied for? Did you require a reasonable accommodation to perform the essential functions of your job? If so, did you ask for one and when? How did your employer respond? Include any other information that explains why you believe you were treated differently based on your disability.

FOR AGENCY ACTION ONLY

Action taken:

- | | |
|--|---|
| <input type="checkbox"/> Charge taken | <input type="checkbox"/> Not a covered basis |
| <input type="checkbox"/> Information only | <input type="checkbox"/> Actions complained of do not State valid claim |
| <input type="checkbox"/> Not a timely charge | <input type="checkbox"/> No employer/employee relationship |
| <input type="checkbox"/> CP is a federal employee | <input type="checkbox"/> Referred to another agency: _____ |
| <input type="checkbox"/> Not enough employees | <input type="checkbox"/> Other reason (specify): _____ |
| <input type="checkbox"/> Charge already filed at another Agency | |
| <input type="checkbox"/> Civil action already filed in court on same basis | |

Investigator's initials: _____ Date: _____

Letter sent: _____ Date: _____ Initial: _____