

NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS
2 INDUSTRIAL PARK DRIVE
CONCORD, NEW HAMPSHIRE 03301
(603) 271-2767
FAX: (603) 271-6339
TTD ACCESS: RELAY NH 1-800-735-2964
Email: humanrights@nh.gov

EMPLOYMENT INTAKE QUESTIONNAIRE

THIS IS NOT A CHARGE OF DISCRIMINATION. This is a questionnaire which will provide a Commission Investigator with 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 or Email 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 numbers:

Home: _____ Work _____ Mobile _____

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. _____

SPECIFIC INFORMATION ABOUT COMPLAINT

Date of Hire _____ Date of termination _____
Job Title _____
Rate of Pay _____ Hrs/Week _____ Benefits? _____
How are you paid? _____ Is there a pay range? _____
Conversations on hire re: pay & future pay? _____
Who has authority to increase pay? _____ What are pay increases tied to? _____
Do you know what others in your same position are paid? _____
Supervisor's Name and Title: _____
Decision Maker's Name and Title: _____

How did you learn of the job? _____ Job Title/Description: _____

Date applied for: _____ Interviewed? _____

Interviewer's Name and Title: _____

If Turned Down, Date: (m/d/y) _____ by Whom: _____

Reason Given: _____

Hiring Complaints

If you have not heard from employer, date of last contact: (m/d/y) _____

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: _____