

**CONFIDENTIAL**  
**THIS IS NOT A CHARGE OF DISCRIMINATION.**

NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS  
2 INDUSTRIAL PARK DRIVE  
CONCORD, NEW HAMPSHIRE 03301  
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TTD ACCESS: RELAY NH 1-800-735-2964  
Email: [humanrights@nh.gov](mailto:humanrights@nh.gov)

**EMPLOYMENT INTAKE QUESTIONNAIRE**

**INSTRUCTIONS:** *This is a questionnaire, not a charge of discrimination.* Please fill out this questionnaire as completely as possible and send a copy back to the Commission either via regular mail, fax or email using the contact information above and keep a copy of the completed questionnaire for your records. The questionnaire will provide a Commission Investigator with information about your claim. The Investigator will use this information to determine whether you have the basis to file a formal charge. After reviewing the questionnaire, the Investigator will contact you to gather further information, as necessary and either explain the next steps in filing a formal charge or explain why you do not have the basis to file a charge of discrimination.

**Have you already filed a charge of discrimination with the EEOC?            Yes            No**

Your Name:

Address:

City:

State:

Zip Code:

Telephone numbers: Home/Mobile

Email address:

**Optional:** What is your Race?

What is your National Origin?

Contact information of a relative, friend or neighbor who would know how to reach you.

Name:

Phone No:

Email:

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**I believe I was discriminated because of:**

Race or Color  
National Origin  
Creed/Religion  
Gender  
Sexual Orientation

Physical Disability  
Mental Disability  
Age DOB:  
Marital Status  
Retaliation

**First date of Discrimination: Month**

**Day**

**Year**

**Last date of Discrimination\*: Month**

**Day**

**Year**

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*\* Please keep in mind that you only have 180 days from the last date of discrimination to file a Charge of Discrimination with the Commission under both state and federal laws.*

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**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?      Yes      No

Date of hire:

Date of termination:

Present position/Last position held:

Supervisor's Name and Title:

Decision Maker's Name and Title:

If you were placed by a staffing agency, please give the name and contact information for the agency

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**Please briefly explain in the space provided below or on a separate piece of paper what action was taken against you that you believe to be discriminatory. This could include such things as being treated differently in hiring, termination/discharge, pay, promotions, demotions, maternity leave, sexual harassment, working conditions, and/or reasonable accommodations. 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?**

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**FOR AGENCY ACTION ONLY**

Action taken:

Charge taken

Information only

Not a timely charge

CP is a federal employee

Not enough employees

Filed in court on same basis

Not a covered basis

Actions complained of do not state valid claim

No employer/employee relationship

Referred to another agency: \_\_\_\_\_

Charge already filed at another agency \_\_\_\_\_

Other reason (specify): \_\_\_\_\_

Investigator's signature: \_\_\_\_\_ Date: \_\_\_\_\_