

**CONFIDENTIAL**  
**SENDING THIS QUESTIONNAIRE IS NOT SUBMITTING A CHARGE**

---

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](mailto:humanrights@nh.gov)

**EMPLOYMENT INTAKE QUESTIONNAIRE**

**INSTRUCTIONS:** *This is a questionnaire meant to gather information, not a charge of discrimination. Please fill out this questionnaire as completely as possible and send it back to the Commission either via regular mail, fax or email using the contact information above. Keep a copy of the completed questionnaire for your records. A Commission Investigator will use this information to review whether you have the basis to file a formal charge. The Investigator will contact you after review to gather further information as necessary and either explain the next steps in filing a formal charge or explain why you may 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: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone numbers: Home/Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

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: \_\_\_\_\_

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

---

- |                              |                     |                             |
|------------------------------|---------------------|-----------------------------|
| Race or Color                | Physical Disability |                             |
| National Origin              | Mental Disability   |                             |
| Creed/Religion               | Age - DOB           | for age discrimination only |
| Gender (Male, Female, Other) | Marital Status      |                             |
| Sexual Orientation           | Retaliation         |                             |
| Sexual Harassment            | Equal Pay           |                             |
| Pregnancy                    | Gender Identity     |                             |

---

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

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

*\*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.*

---

over.....

**CONFIDENTIAL**  
**SENDING THIS QUESTIONNAIRE IS NOT SUBMITTING A CHARGE**

---

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

---

- |                       |                          |
|-----------------------|--------------------------|
| Refusal to Hire       | Maternity                |
| Termination/Discharge | Harassment               |
| Layoff                | Working Conditions       |
| Pay                   | Reasonable Accommodation |
| Denial of Promotion   | Other (describe briefly) |
| Demotion              |                          |

---

**I wish to file a charge against:**

Name of Employer and/or individuals:

Address:

City:

State:

Zip Code:

Phone Number (include area code):

Approximate number of employees:

Are you currently employed by this Employer?

Date of hire:

Date of termination:

Present position/Last position held :( Please be specific)

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:

**Please briefly explain on a separate document what action(s) 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, harassment, working conditions, retaliation 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? Try to provide a timeline from the first date of discrimination to the latest date of discrimination including who, what, where details.**

---

**FOR AGENCY ACTION ONLY**

Action taken:

Charge taken

Not a covered basis

Information only

Actions complained of do not state a valid claim

Not a timely charge

CP is a federal employee

No employer/employee relationship

Not enough employees

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

Filed in court on same basis

Charge already filed at another agency

Other reason

(Specify): \_\_\_\_\_

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