



EQUAL OPPORTUNITY OFFICE

“EMPLOYMENT”

You have contacted the City of Peoria Equal Opportunity Office to seek help concerning discrimination in employment. We will ask you many questions about what happened to you and about how others were treated, and we will ask you about dates, the size of the organization with which you had trouble, and other matters. What you tell us is **IMPORTANT**.

First, we will have to establish whether we believe that the law permits us to work on your problem; that is, we must try to find out whether we have **JURISDICTION** under the law. Second, we must learn from your facts which will be useful in our investigation.

If it happens that what you tell us leads us to believe that we cannot help you because we do not have **JURISDICTION**, we will explain that to you and tell you why. If it happens that what you tell us leads us to believe that there is only a very slight chance that we will be able to help you or that it is unlikely that the organization which you wish to charge has violated the law, we will explain that to you and tell you why.

However, if it should happen that we counsel you that we do not believe that we have jurisdiction or that it appears unlikely that we can help you or that the organization has violated the law, based on what you tell us, **YOU MAY NONETHELESS, FILE A CHARGE WITH US. THAT IS YOUR DECISION TO MAKE.** It is possible that your filing a charge will result in its being dismissed because we do not have jurisdiction or because it is determined that the law has not been violated. But even if we counsel you that we do not have jurisdiction or that it appears that we will not be able to help you or that it appears that the law has not been violated, **YOU MAY FILE A CHARGE.**

I have read **"You may file a charge"**

SIGNED _____

DATE _____

EMPLOYMENT INTAKE QUESTIONNAIRE

Instructions: Please answer the following questions, briefly explaining why you have been discriminated against in housing. **PLEASE PRINT.** Attach additional sheets if necessary, and identify question being answered.

				Date:	
1. PERSONAL INFORMATION					
Name:		Address:			Apt #:
City:		State:	Zip:	Phone (H):	
E-Mail:				Phone (C):	
2. ALTERNATE CONTACT INFORMATION: Provide the name of one person who can contact you in the event this office is unable to reach you. The person's address must be different from your address.					
Name:			Relationship:		
Address:				Apt #:	
City:		State:	Zip:	Phone (H):	
E-Mail:				Phone (C):	
3. RESPONDENT INFORMATION: The party you believe discriminated against you. Check type of organization.					
<input type="checkbox"/> Employer		<input type="checkbox"/> Union (Local # _____)		<input type="checkbox"/> Other	
Name of Organization:					
Address:					
City:		State:	Zip:	Phone:	
Name of Person Who Discriminated Against You.			Job Title:		
Does the organization have a total of fourteen (14) or less employees working in City of Peoria?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. ALLEGED DISCRIMINATORY ACTION: Check the action taken against you.					
<input type="checkbox"/> Termination		<input type="checkbox"/> Not Promoted		<input type="checkbox"/> Unequal Wages	
<input type="checkbox"/> Laid Off		<input type="checkbox"/> Transferred		<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Not Hired		<input type="checkbox"/> Demoted			
Date of Action:					
Briefly, explain why you feel above action or actions taken against you were discriminatory?(attach additional pages if necessary)					

5. IF YOU ARE OR WERE EMPLOYED BY THE RESPONDENT, PLEASE FILL IN THE FOLLOWING			
Job Title:		Date Hired:	
Department:		Supervisor:	
6. WHAT WAS REASON GIVEN BY RESPONDENT FOR ACTION TAKEN AGAINST YOU? (attach additional pages if necessary)			
7. TYPE OF DISCRIMINATION: By law, the City of Peoria only has jurisdiction to investigate action taken against you based on categories below. Please check which category (ies) apply(ies) to your situation.			
<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin	
<input type="checkbox"/> Material Status	<input type="checkbox"/> Age (over 40)	<input type="checkbox"/> Sexual Orientation	
<input type="checkbox"/> Color	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Physical or Mental Disability	
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Religion	(unrelated to ability to do job)	
If you claimed Physical or Mental Disability, state your disability(s):			
Explain how the Respondent became aware of your disability(s):			
8. WITNESS INFORMATION			
Name:		Phone #:	
Name:		Phone #:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
9. DO YOU HAVE ANY DOCUMENTS TO SUPPORT YOUR CLAIM?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. HAVE YOU FILED A PREVIOUS CLAIM AGAINST THIS EMPLOYER?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when			
11. HAVE YOU SOUGHT ASSISTANCE ABOUT THE ABOVE ACTION FROM ANY GOVERNMENT AGENCY, YOUR UNION, AN ATTORNEY OR ANOTHER SOURCE?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of source of assistance:			Date Contacted:
Result , if any, of Contact:			
12. SIGNATURE:			DATE: