EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE/AFFIDAVIT

NORTH DAKOTA DEPARTMENT OF LABOR AND HUMAN RIGHTS

SFN 14543 (Rev. 9-2013)

Your Name (First, Last)			Home Telephone Number	Cell Phone Number	
Address	City		State	ZIP Code	County
E-mail Address	Name of Alternate Contact			Alternate Contact Telephone Number	

I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE OF MY:

Check ALL that apply

- ☐ Race: _____ (What is your race)
- ☐ Color: _____ (What is your color)
- ☐ Religion _____ (What is your religion)
- ☐ Sex ☐ M ☐ F (Check One)
- ☐ National Origin: _____ (What is your national origin)
- ☐ Age*

*If AGE Discrimination, provide Date of Birth

- ☐ Disability
- ☐ Marital Status ☐ M ☐ D ☐ S (Check One)
- ☐ Sex/Pregnancy
- ☐ Status with regard to Public Assistance
- ☐ Retaliation *(Retaliation means you have filed a charge in the past, testified, or opposed discrimination at work.)*
- ☐ Lawful Activity (off the employer's premises during non-working hours and not in direct conflict with essential business-related interests of employer.)

THE ACT(S) OF DISCRIMINATION WERE RELATED TO:

Check ALL that apply

- ☐ Failure to Hire
- ☐ Failure to Promote
- ☐ Pay/Compensation
- ☐ Demotion
- ☐ Accommodations
- ☐ Hostile Environment
- ☐ Harassment
- ☐ Sexual Harassment
- ☐ Discharge
- ☐ Constructive Discharge (Forced to Resign)
- ☐ OTHER Conditions of Employment (Explain below)

_____

_____

Name of Company/Organization that you believe discriminated and/or retaliated against you.			Telephone Number	
Address	City	State	ZIP Code	County
Contact Person (owner, CEO, HR Director, Manager, etc.)	Title		Telephone Number	
Immediate Supervisor	Title		**Approximate No. of Employees:**	
Other Supervisor	Title		**Last Date of Discrimination:**	

PLEASE ATTACH A STATEMENT that describes what happened including: background history, a brief description of your work, how and/or why you feel discriminated against, by whom, when, where. Be sure to include supporting evidence such as witnesses, witness statements, and documents when possible. Please keep your statements relative to the basis of the charge. Be sure to include all dates (day, month, year) and names as accurately as possible. If filing a complaint based on disability, please provide appropriate medical documentation.

WORK HISTORY (with the above company): Please answer the following: Use "N/A" if information not available or unknown at this time.

Date(s) Applied:	Position(s) Applied For:	
Date(s) Interviewed:	Interviewed by (Name(s) & Titles):	
Date of Employment:	Hired by (Name(s) & Titles):	
Position When Hired:	Rate of Pay: $ (check one) Per: ☐ Hour ☐ Day ☐ Month ☐ Year	Est. Monthly Salary: $
Current Position: (If still employed)	Rate of Pay: $ (check one) Per: ☐ Hour ☐ Day ☐ Month ☐ Year	Est. Monthly Salary: $
Last Position Held: (If not employed)	Rate of Pay: $ (check one) Per: ☐ Hour ☐ Day ☐ Month ☐ Year	Est. Monthly Salary: $

OVER

With regard to the employment actions taken against you (termination, demotion, fail to hire), please explain the reason(s) given by the company for their action(s). Include names and dates when appropriate.

PLEASE LIST ANY EMPLOYEES WHO WERE TREATED DIFFERENTLY THAN YOU. Attach Additional Sheets As Necessary.

NAME	TITLE	NAME	TITLE

"X" ANSWERS TO THESE QUESTIONS - EXPLAIN "YES" ANSWERS - Attach Additional Sheets As Necessary

QUESTION	NO	YES	NA	DATE	EXPLANATION OF "YES" ANSWERS
Did you ever complain to your boss or the company about discriminatory acts against you by anyone on the job?					
Are you covered by a union or collective bargaining agreement?					
Did you complain to a union about discriminatory acts?					
If the company has a grievance procedure/policy, did you file a grievance ? If so, when?					
Have you filed a charge of discrimination with another agency? If so, with whom?					

WITNESSES WHO CAN SUPPORT YOUR ALLEGATIONS - Attach Additional Sheets As Necessary

NAME	WORK RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

REMEDIES YOU ARE SEEKING FOR RELIEF IN THIS CHARGE (Describe what it would take to resolve the issue(s) you are alleging)

RETURN TO:

North Dakota Department of Labor and Human Rights
600 E Boulevard Ave Dept 406
Bismarck ND 58505-0340
701-328-2660 Fax 701-328-2031
ND Toll-Free 1-800-582-8032
TTY: 1-800-366-6888
www.nd.gov/labor

The information I provided above is correct and complete to the best of my knowledge and belief.This complaint form and any accompanying statements must be signed in order to process a charge of discrimination.

I declare under the penalty of perjury that the foregoing is true and correct.

Your Signature

Date Signed