



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
San Francisco District Office**

350 The Embarcadero, Suite 500  
San Francisco, CA 94105  
(415) 625-5600  
TTY (415) 625-5610  
FAX (415) 625-5609

## Questionnaire

1. Please fill in the following information:

### PLEASE PRINT OR WRITE LEGIBLY

- a. Your full name: \_\_\_\_\_
- b. Your address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Zip code: \_\_\_\_\_
- c. Your evening phone number: (     ) \_\_\_\_\_  
Your daytime phone number: (     ) \_\_\_\_\_
- d. Your social security number: \_\_\_\_\_
- e. Your date of birth: \_\_\_\_\_
- f. Your sex: \_\_\_\_\_
- g. Your race: \_\_\_\_\_
- h. Your national origin: \_\_\_\_\_
- i. Your skin color: \_\_\_\_\_
- j. Person who can always contact you who does not live at your address:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Phone number (     ) \_\_\_\_\_

**If you do not wish this questionnaire to be considered a charge, please check the following box. Remember that if you return the completed questionnaire to us but do not keep the scheduled appointment or inform us of your intent to reschedule it, we will automatically file a charge based on the information provided in the questionnaire. We will also automatically advise the organization you name in your questionnaire that you have filed a charge of discrimination against it.**

This information is provided to EEOC for informational purposes only to help me decide whether to file a charge.

2. Please give the following information about the employer:

- a. **Company name:** \_\_\_\_\_
- b. **Describe company business:** \_\_\_\_\_
- c. **Address where you worked:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_  
**Zip code:** \_\_\_\_\_  
**Phone number:** (      ) \_\_\_\_\_
- d. **Corporate address and phone number**  
**Corporate name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_  
**Zip code:** \_\_\_\_\_  
**Phone number:** (      ) \_\_\_\_\_
- e. **County where you were employed:** \_\_\_\_\_
- f. **Name and title of immediate supervisor:** \_\_\_\_\_  
\_\_\_\_\_
- g. **Name of personnel representative (if known) or senior management official at corporate headquarters:** \_\_\_\_\_
- h. **Approximate number of employees working for the whole company. Circle one.**  
  
1-14      15-100      101-200      201-500      More than 500
- i. **Date of hire:** \_\_\_\_\_
- j. **Last or current job title:** \_\_\_\_\_
- k. **Last or current rate of pay:** \_\_\_\_\_

3. **Identify the employment event(s) that caused you to contact the EEOC. (e.g. hiring, layoff, promotion, accommodation, discipline, harassment, sexual harassment, etc.)**

**Date event occurred:** \_\_\_\_\_





13. What are your expectations in filing this charge? What do you want to happen (e.g. reinstatement, policy change, promotion, back pay, etc.)?
14. Are you interested in mediation?
15. Were you ever asked to sign an agreement that required that all disputes between you and your employer be resolved solely through binding arbitration? Circle one.  
Yes No  
If yes, attach a copy of the agreement. If you do not have a copy, briefly describe the terms of the agreement as you understand them and indicate when it was presented to you.
16. Have you ever been asked to sign a general release in which you released all claims against your employer in exchange for money or other benefits? Circle one.  
Yes No  
If yes, attach a copy of the release. If you do not have a copy, briefly describe the terms of the release as you understand them and indicate when it was presented to you.
17. Does anyone represent you in this matter (e.g. union, attorney, etc.)? If yes, please provide their name, title, address and phone number.
18. If you are complaining about harassment or sexual harassment please attach a brief chronology of events (e.g. two or three pages). Include dates, what happened, harasser's name and job title, the names of any witnesses, the date(s) when you complained and to whom.
19. Provide any other information that you have available (e.g. witness names with their telephone numbers, any other supporting documentation). Be sure to clarify what information to which witnesses can attest.

Sending this questionnaire to the EEOC does not constitute filing a charge. Information provided on this form will be used by EEOC employees to obtain information to aid the EEOC in drafting a charge.

If you base your charge on your disability, answer the following questions.

- a. Identify the name of your disability: \_\_\_\_\_  
\_\_\_\_\_
- b. When did you first contract this disability: \_\_\_\_\_
- c. Describe in general what *major life activities* (such as walking, lifting, seeing, breathing, hearing, etc.) are affected by the disability.
- d. Describe any limitations or restrictions placed on you by a physician because of your disability.
- e. Explain how your disability affects your ability to perform your job.
- f. Describe how your disability limits your activities outside of work.
- g. Have any managers treated you differently because of your disability? If yes, describe how. Include the manager's name, job title, and date(s).
- h. Do (or did) you need a *reasonable accommodation* in order to perform your job? If yes, explain.
- i. To whom did you make your request for reasonable accommodation? (Include name, job title, and date of request)
- j. Did they deny your reasonable accommodation request? When? What reason did they give for the denial?

Submit all documentation regarding your disability showing the diagnosis, prognosis, and/or medical limitations and all correspondence between you/your doctor and your company regarding your disability and reasonable accommodation requests.