



# PRE-COMPLAINT QUESTIONNAIRE - EMPLOYMENT

The information requested on this form will assist the Office of Equity, Community and Human Rights in helping you. There is no guarantee that the information submitted will result in an investigation. Please check or answer only those questions that apply.

(Attach additional sheets if necessary, and identify the question being answered.)

**PLEASE PRINT**

Date:	Full Name: (First-Middle-Last)	Primary E-Mail Address:
Present Address (Street, Apt. Number)	City	State & ZIP Code
I prefer to be contacted by telephone at: <input type="checkbox"/> Work <input type="checkbox"/> Primary/Home Time:	Work Phone Number	Primary/Home Phone Number
Full Name of a person who would know how to reach you:	Relationship	Telephone Number
I wish to complain against: (Name of employer: company, government entity (city, county, state), employment agency, union, etc.)		
Address	City	State & ZIP Code
Name of Owner or Supervisor	Other Contact	Telephone Number

**QUESTIONNAIRE:**

<b>1. What action was taken against you that you believe to be discrimination? (Check appropriate box(s))</b>						
<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"/> Not Hired	<input type="checkbox"/> Demoted
<input type="checkbox"/> Other (specify)						
<b>2. Briefly, explain what happened and why you feel the above action or actions taken against you were discriminatory? (Attached pages if necessary)</b>						
<b>3. Are you now employed by the employer you believe discriminated against you?</b>						
<input type="checkbox"/> Yes, my position is:		<input type="checkbox"/> No, I applied for:		<input type="checkbox"/> I was employed as:		
Date Hired:	Date of Interview:	Date ended:				
Department:	Department:	Department:				
Supervisor:	Interviewer/Contact Person:	Supervisor:				

<b>4. What was the most recent date this action was taken against you?</b> (Complaints must be filled within 180 days of the alleged violation or 180 days after the discovery of the violation.)	Month/Date/Year:
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**5. What was the reason given by employer for action taken against you?**

**6. The City of Champaign, Office of Equity, Community and Human Rights only has jurisdiction over these categories listed below.** By law, no other category can be investigated. Please check which category(ies), if any, apply(ies) to your situation.

<input type="checkbox"/> Age	<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Family Responsibilities	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Matriculation
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Personal Appearance	<input type="checkbox"/> Political Affiliation	<input type="checkbox"/> Prior Arrest or Conviction Record	<input type="checkbox"/> Source of Income	<input type="checkbox"/> Sex
<input type="checkbox"/> Physical or Mental Disability (Please specify):		<input type="checkbox"/> National Origin or Ancestry (Please specify):	<input type="checkbox"/> Religion (Please specify):	<input type="checkbox"/> RACE (Please specify):	

Retaliation – for having assisted in an investigation of discrimination or for openly opposing unlawful discrimination based upon any of categories listed above.

**7. Do you have any witnesses to support your claim?**       Yes       No

Witness(es) Information:

Full Name: (First-Middle-Last)

Present Address (Street, Apt. Number)	City	State & ZIP Code
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He/She prefer to be contacted by telephone at: <input type="checkbox"/> Work <input type="checkbox"/> Home   Time:	Work Phone Number	Home Phone Number
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Full Name: (First-Middle-Last)

Present Address (Street, Apt. Number)	City	State & ZIP Code
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He/She prefer to be contacted by telephone at: <input type="checkbox"/> Work <input type="checkbox"/> Home   Time:	Work Phone Number	Home Phone Number
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**8. Do you have any documents to support your claim of discrimination?**       Yes       No

**9. Have you filed a previous charge against this employer?**       Yes       No

If yes, when:

**10. Have you sought assistance about the action you think was discriminatory from any government agency, from your Union, and attorney, or any other source?**       Yes       No

If yes, complete the following questions:

Date:	Name of source of assistance:
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Results, if any:



**OFFICE OF EQUITY, COMMUNITY AND HUMAN RIGHTS  
- COMPLAINT PROCEDURE**

You have contacted the City of Champaign Office of Equity, Community and Human Rights to seek help concerning discrimination in employment, housing and/or public accommodations. We will contact you and set up an appointment to meet with you within three days upon receipt of this form. We will ask you many questions about what happened to you and about how others were treated, and 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 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 not 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 charge will result in it being dismissed because we do not have jurisdiction or because it is determined that the law has not been violated.

I have read and understand the questionnaire and procedures. I certify that the information provided herein is the truth to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**MAIL OR FAX COMPLETE FORM TO:** OFFICE OF EQUITY, COMMUNITY AND HUMAN RIGHTS  
CITY OF CHAMPAIGN  
102 NORTH NEIL STREET  
CHAMPAIGN, IL 61820  
TELEPHONE: (217) 403-8830  
FAX: (217) 403-8835  
E-MAIL: [Humanrelations@champaignil.gov](mailto:Humanrelations@champaignil.gov)  
VISIT OUR WEBSITE: [www.champaignil.gov](http://www.champaignil.gov)

**FOR OFFICIAL USE ONLY:**

Case Number:			<b>EMPLOYMENT</b>
Intake by:	Intake Date and Time:	Interviewer:	Interview Date and Time:
Out of Jurisdiction Forward to:			
NOTES:			