

# Vermont Human Rights Commission Questionnaire for Employment Complaints

Your answers to this questionnaire are confidential pursuant to 9 V.S.A. §4555(a). **Please print or type your responses. If you have any questions or require assistance while filling out this form, don't hesitate to contact the HRC at 1-800-416-2010 (Toll Free VT) or 802-828-1625 or by email at [human.rights@vermont.gov](mailto:human.rights@vermont.gov).**

## 1. INFORMATION ABOUT YOU

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Message phone 1: \_\_\_\_\_ Message phone 2: \_\_\_\_\_

If you will be represented by an attorney, please provide the attorney's name and phone number:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Have you filed a complaint regarding this matter with the Human Rights Commission, the U.S. Equal Employment Opportunity Commission (EEOC), the Vermont Attorney General's office, the Vermont State Employees' Association (VSEA), any other agency, or filed a grievance with your employer within the last year? Or have you filed a lawsuit regarding this matter? If yes, fill in the information below:**

Agency or court name: \_\_\_\_\_

Approximate date complaint was filed: \_\_\_\_\_

Complaint or charge number, if known: \_\_\_\_\_

## 2. ESTABLISHING JURISDICTION

### A. Do you work for the State of Vermont or did you apply for a job with the State of Vermont?

If yes, continue below.

If no, **STOP. The Human Rights Commission does not have jurisdiction over private employment complaints.** Please call the Attorney General's office at 1-888-745-9195 (Toll Free VT) or 802-828-3657 or go to their website at [www.ago.vermont.gov](http://www.ago.vermont.gov).

### B. Do you believe you were unfairly (choose all that apply):

Terminated      Suspended      Denied a promotion      Laid off

Unfairly disciplined      Denied training      Not hired

Given different terms and conditions of employment      Harassed

Forced to resign      Denied a reasonable accommodation for a disability

Subjected to a hostile work environment

Denied unpaid parental/medical leave

### C. What was the most recent date that you were allegedly discriminated against? (i.e., fired, harassed, disciplined, etc.)

If your answer is more than one year before today, please stop and contact the HRC at 800-416-2010 (Toll Free VT) or 802-828-1625.

### **3. BASIS FOR DISCRIMINATION**

**A. Below are the legal bases for protection from discrimination. If you believe you have suffered an unfair job action because of your membership in one or more of these protected categories please choose the bases that specifically apply to you.**

Race    Black    White    Asian    Pacific Islander/Hawaiian  
Native American Indian/Alaskan Native    Other (please specify)

Color

National Origin (please specify)

Religion (please specify)

Sex            Male            Female            Nonbinary

Sexual Orientation (please specify)

Gender Identity (please specify)

Age (please indicate your date of birth)

Disability            Physical            Developmental            Psychiatric/Emotional

Ancestry (please specify)

Place of Birth (please specify)

Retaliation (please specify action)

#### **4. EMPLOYMENT INFORMATION**

**Please provide the following information about your employer:**

State agency/department: \_\_\_\_\_

Secretary/Commissioner: \_\_\_\_\_

Direct supervisor: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

#### **Employment information:**

Your job title, or job applied for: \_\_\_\_\_

Your employment start, or application date: \_\_\_\_\_

Your last day of employment, if applicable: \_\_\_\_\_

**5. Please provide information about what happened. Include dates the alleged discrimination occurred, names and titles (if known) of who discriminated against you, who you reported it to, and action taken (if any). If the discriminatory action is based on a denial of a reasonable accommodation request due to disability, please provide information including the nature of your disability, nature of your reasonable accommodation request and how it relates to your disability, date of your medical diagnosis, date you made the request, the name and title of who you made the request to and the action taken (e.g. denied):**

**I understand that the information in this questionnaire may be shared, in whole or part, by the Vermont Human Rights Commission (HRC) with the U.S. Equal Employment Opportunity Commission and the Respondent employer identified above.**

**In order to provide a timely complaint, under penalties of perjury, I declare that I have read this questionnaire and wish to make it my complaint of discrimination and that the facts stated in it are true. I will advise the HRC if I change my address or telephone number and I will cooperate fully with the HRC in the processing of my complaint in accordance with its procedures.**

**I understand the foregoing agree and request the HRC consider an investigation of this matter. I understand that the information provided does not guarantee acceptance of a complaint.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail, fax or email to:

Vermont Human Rights Commission  
14-16 Baldwin Street  
Montpelier, VT 05633-6301  
Telephone: 800-416-2010 (Toll Free VT) or 802-828-1625  
TTY: 877-294-9200  
Fax: 802-828-2481  
Email: [human.rights@vermont.gov](mailto:human.rights@vermont.gov)

## **ADDITIONAL QUESTIONS FOR EMPLOYMENT DISCRIMINATION CLAIMS**

**Please answer any or all of these applicable questions either directly on this form or on another sheet of paper. Additionally, you are invited to provide any further information or documents you believe would be helpful.**

Who discriminated against you?

What is their title? What is their position in relation to your position?  
(supervisor, co-worker, non-employee, supervisor in another area, etc.)

How frequently has the conduct occurred or was it an isolated event? Please provide date(s).

Did the conduct interfere with your work performance? If yes, please describe.

Were there any witnesses to the incidents? If yes, please provide their names and job titles.

Did you tell your employer about the discriminatory actions? If yes, when and to whom did you report these actions?

If you reported the incident(s), did your employer take preventative or corrective actions? If yes, when and what actions were taken?

Explain how the conduct affected you. Did you suffer psychologically, emotionally, or physically? Did you see a doctor or counselor/therapist? Are you aware of any other complaints about the same alleged perpetrator?

Is there any documentation of the incident(s) you described?

Are there any witnesses or physical documentation that corroborates your allegations? If yes, please explain and provide copies if possible.

Did your employer give you a reason for any of the adverse employment actions (i.e., demotion, reprimand, termination, etc.) taken against you? If yes, please explain.

Why do you believe your employer took these employment actions against you?

Are there any other reasons why your employer would have taken these employment actions against you?

Have you received any previous disciplinary actions? If yes, please explain.

Do you believe you were treated differently than people outside of your protected category? If yes, please explain.

If you were terminated, did you sign a waiver of rights or settlement agreement? If yes, please provide a copy.

## **ADDITIONAL QUESTIONS FOR DISABILITY DISCRIMINATION CLAIMS**

Do you have medical documentation describing the limitations caused by your disability?

How does your disability affect your ability to talk, take care of your daily activities, sleep, eat, breathe, work, hear, and/or see?

To what extent is your disability or impairment corrected by the medication or devices?

Is your condition permanent or temporary?

When was the onset of the condition?

Do you receive SSI or SSDI?

If you do not have a disability, did the employer treat you like you had a disability? If yes, please explain.

Did you have a disability in the past that is no longer a disability? If yes, please explain.

Explain how you made your employer aware of your disability or impairment. Provide date(s).

Did you request an accommodation? If yes, when? Please explain.

What was your employer's response to your request for accommodation?

If the employer did not provide the accommodation you requested, did the employer provide a reason?

Did the employer offer a different accommodation? If yes, please explain.

Do you believe you could have done your job had the employer granted your request for accommodation? If yes, please explain.

Are there any witnesses to the incidents? If yes, please provide their names and job titles.

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