

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 while filling out this form, don't hesitate to contact the HRC at 1-800-416-2010 ext. 0 or 802-828-1625 for assistance.**

1. INFORMATION ABOUT YOU

Name: Mr./Ms./Mrs. _____

Mailing address: _____

E-mail address: _____

Home phone: _____ Work phone: _____

Cell phone: _____

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 Attorney General's office, the Vermont State Employees' Association or any other agency, or filed a grievance with your employer or 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 or 802-828-3657 or go to their website at www.atg.state.vt.us.

B. Do you believe you were unfairly (circle 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

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, ext. 0 or 802-828-1625 or stop and contact an attorney or your local Vermont Legal Aid office.

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 circle the bases that specifically apply to you.

Race Black White Asian Pacific Islander/Hawaiian
Native American Indian/Alaskan Native

Color

National Origin (please specify)

Religion (please specify)

Sex Male Female

Sexual Orientation (please specify)

Gender Identity (please specify)

Age

Disability Physical Developmental Psychiatric/Emotional

Ancestry (please specify)

Place of Birth (please specify)

Retaliation (please specify)

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 complete the following statement: I believe I have been discriminated against for the following reasons (use additional paper as needed):

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, agree and request HRC assistance.

Signature

Date

Mail or fax to:

Vermont Human Rights Commission
14-16 Baldwin Street
Montpelier, VT 05633-6301
Telephone: 800-416-2010 ext. 0 or 802-828-1625
TTY: 877-294-9200
Fax: 802-828-2481

OPTIONAL QUESTIONS FOR EMPLOYMENT DISCRIMINATION CLAIMS

You are invited to answer any or all of these 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 his/her position? What is his/her 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?

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.

OPITIONAL 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, 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.

Updated 12/08