

June 24, 1-4

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|-----------------|---------------------------|
| Interview Date: | Processing Time: :HR :MIN |
| Approval: | Action Taken: |
| Interviewer: | Computer Entry: |

PRE-COMPLAINT QUESTIONNAIRE - EMPLOYMENT

The information requested on this form will assist the Department 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.

PLEASE PRINT

DATE

NAME Tiffany Kay Anderson
First Middle Last
ADDRESS 1416 Iris Drive #7 Locke S.J. 95242
Street Apt. Number City County ZIP Code
TELEPHONE NUMBER: Cell WORK (209) 329-2339 HOME (209) 330-1037
Area Code Area Code

I prefer to be contacted by telephone at work/home: Days: _____ Time: _____
Person to contact if you cannot be reached or if you move:
Name _____ TELEPHONE (____) _____
Area Code

I WISH TO COMPLAIN AGAINST: (Name and address of company, government entity [city, county, state], employment agency, union, etc.)
NAME S.J. mosquito vector district
ADDRESS 7759 Airport Way Stockton S.J.
Street City County ZIP Code
TELEPHONE NUMBER: WORK (209) 982-4675 NUMBER OF EMPLOYEES (Estimate, if necessary)
Area Code Job Site _____ Company-Wide X

I WISH TO COMPLAIN AGAINST: (Other named individuals who were involved in this particular complaint.)
NAME _____
TITLE _____ TELEPHONE (____) _____
Area Code
ADDRESS _____
(if known) Street City County ZIP Code
EMPLOYER LISTED ON W-2 FORM:
NAME _____
ADDRESS _____
(if known) Street City County ZIP Code

(CONTINUE ON BACK IF NECESSARY)

1. I believe I was discriminated against because of my (please circle):
 Race Sex Cancer Pregnancy Age (40 and over)
 Color Sexual Orientation Genetic Marital Status Denial of Family Care Leave
Characteristics
 Religion Disability (including AIDS) National Origin/Ancestry
(Please specify) (Please specify) (Please specify)

2. Circle the discriminatory treatment and indicate the date occurred:
Terminated/Laid Off _____ Not Hired _____ Denied Promotion _____ Harassed X
Denied Leave (Pregnancy/Family Care Leave) _____ Denied Accommodation _____ Denied Equal Pay _____
Denied Accommodation for Pregnancy _____ Impermissible Non-Job-Related Inquiry _____
Retaliation X _____ Other _____

3. Why do you believe the unfair treatment was discrimination? (If others were treated better than you, give names, addresses and examples.) _____

4. List the names, addresses, job titles and telephone numbers (if possible) of witnesses, co-workers, or others you feel could provide evidence. Explain what you think each witness will be able to tell us.

| Name and Address | Title/Relationship | Telephone Numbers | |
|---|--------------------|-------------------|--------------|
| | | Home | Work |
| Duane Bridgewater P.O. Box 797 Lockford CA 95237 | retired supervisor | | 209-463-2489 |

Can provide information regarding: _____

| Name and Address | Title/Relationship | Telephone Numbers | |
|------------------|--------------------|-------------------|------|
| | | Home | Work |
| | | | |

Can provide information regarding: more information from past and confirmation of my statements

(Use extra sheets of paper for additional witnesses, if necessary.)

5. EMPLOYMENT DATA: (Complete as many items as you can.)
- A. Date hired or applied for job: _____
 - B. Job title/salary at time of discrimination: _____
 - C. Name and title of immediate supervisor or interviewer: _____
 - D. If you? your employment was terminated, who replaced: _____
 - E. If your employment was terminated or if you were refused a job, have you since been employed? Yes _____ No _____
Date of hire: _____ Salary: _____ Job Title: _____
 - F. If not hired:
 - < How did you know about the job and/or salary? _____
 - < Did you apply by written application or verbally? _____
 - < To whom did you submit the application? _____ Date _____
 - < How did you find out you had been refused? _____ Date _____
 - < Who got the job, salary, etc. (if known)? _____

6. Have you filed a complaint with the U.S. Equal Employment Opportunity Commission (EEOC) before coming to DFEH? Yes _____ No Date _____

7. Have you talked to an attorney concerning this problem? Yes _____ No
NAME _____ TELEPHONE (____) _____
Area Code _____
ADDRESS _____

8. PERSONAL DATA:

| | | |
|--|---------------------------------|---|
| RACE/ETHNICITY (Check box that best describes) <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander (specify) _____ | | PRIMARY LANGUAGE _____ |
| <input type="checkbox"/> African-American <input type="checkbox"/> African - Other <input type="checkbox"/> Caucasian (non-Hispanic) <input type="checkbox"/> Hispanic (specify) _____ | | |
| SOCIAL SECURITY NUMBER: _____ <small>(The Federal Privacy Act of 1974 prohibits a state government agency from requiring disclosure of an individual's Social Security Number. Disclosure of your Social Security Number is voluntary.)</small> | DATE OF BIRTH ____/____/____ | SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female |

14. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
If yes, from whom and when?

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

.....
Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so within either 180 or 300 days from the day you knew about the discrimination. The amount of time you have depends on whether the employer is located in a place where a state or local government agency has laws similar to the EEOC's laws. **If you do not file a charge of discrimination within the time limits, you will lose your rights. If you want to file a charge, you should check Box 1, below. If you would like more information before deciding whether to file a charge or you are worried or have concerns about EEOC's notifying the employer, union, or employment agency about your filing a charge, you may wish to check Box 2, below.**

BOX 1

_____ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that **the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name.** I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, or retaliation for opposing discrimination.

BOX 2

_____ I want to talk to an EEOC employee before deciding whether to file a charge of discrimination. I understand that by checking this box, I have not filed a charge with the EEOC. **I also understand that I could lose my rights if I do not file a charge in time.**

Signature

Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) **FORM NUMBER/TITLE/DATE.** EEOC Intake Questionnaire (9/20/08).
- 2) **AUTHORITY.** 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a)
- 3) **PRINCIPAL PURPOSE.** The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) **ROUTINE USES.** EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.** The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.

7. Name and describe others who were in the same situation as you. Explain any similar or different treatment. Who was treated worse, who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of comparator if known and if connected with your claim of discrimination. (Please attach additional pages if needed to complete your response)

| Full Name | Job Title | Description |
|-----------|-----------|-------------|
| A. _____ | _____ | _____ |
| B. _____ | _____ | _____ |
| C. _____ | _____ | _____ |

Answer questions 8-10 only if you are claiming discrimination based on disability. If not, skip to question 11.

8. Please check all that apply:

- Yes, I have an actual disability
- I have had an actual disability in the past
- No disability but the organization treats me as if I am disabled

9. If you are alleging discrimination because of your disability, what is the name of your disability? How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).

10. Did you ask your employer for any assistance or change in working condition because of your disability?

- Yes No

Did you need this assistance or change in working condition in order to do your job? Yes No

If "YES", when? _____ How did you ask (verbally or in writing)? _____

To whom did you make the request? (Provide full name of person) _____

Describe the assistance or change in working condition requested?

11. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and indicate what they will say. (Please attach additional pages if needed to complete your response)

| Name | Job Title | Address & Phone Number |
|----------|-----------|------------------------|
| A. _____ | _____ | _____ |
| B. _____ | _____ | _____ |
| C. _____ | _____ | _____ |

12. Have you filed a charge previously in this matter with EEOC or another agency? Yes No

13. If you have filed a complaint with another agency, provide name of agency and date of filing:

Type of Business: _____ Job Location if not at Org. Address: _____

Human Resources Director or Owner Name: John Stroh Phone: (209) 982-4675

Number Of Employees In The Organization At All Locations: (Please check (✓) one)

- Less Than 15
- 15 - 100
- 101 - 200
- 201 - 500
- More than 500

3. Your Employment Data (Complete as many items as you are able)

Date Hired: 9-0 Job Title At Hire: tech I

Pay Rate When Hired: _____ Last or Current Pay Rate: _____

Job Title at Time of Alleged Discrimination: Same

Name and Title of Immediate Supervisor: _____

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you are over the age of 40 and feel you were treated worse than younger employees or you have other evidence of discrimination, you should check (✓) AGE. If you feel that you were treated worse than those not of your race or you have other evidence of discrimination, you should check (✓) RACE. If you feel the adverse treatment was due to multiple reasons, such as your sex, religion and national origin, you should check all three. If you complained about discrimination, participated in someone else's complaint or if you filed a charge of discrimination and a negative action was threatened or taken, you should check (✓) RETALIATION.

- Race
- Sex
- Age
- Disability
- National Origin
- Color
- Religion
- Retaliation
- Pregnancy

Other reason (basis) for discrimination (Explain): hostile work environment, unequal standards

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, action(s) and include the name(s) and title(s) of the persons who you believe discriminated against you.

(Example: 10/02/06 - Written Warning from Supervisor, Mr. John Soto)

A) Date: 12-06 Action: I was required to give a recorded statement who witnessed a conflict between supervisor Bob Durham & Assistant Supervisor

Name and Title of Person(s) Responsible: _____

B) Date: _____ Action: _____

Name and Title of Person(s) Responsible _____

Describe any other actions you believe were discriminatory.

(Please attach additional pages if needed to complete your response)

6. What reason(s) were given to you for the acts you consider discriminatory? By whom? Their Job Title?

