

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information			
Last Name: Anderson First Name: Titlory MI Kay			
Street or Mailing Address: 1516 Sylvan Way #205 Apt or Unit #: 205			
City: Lodi County: San Joaquin State: CA Zip: 95242			
Phone Numbers: Home: 209) 329-9523 Work: (209) 982. 467.5			
Cell: 209) 329-3306 Email Address: + Hany ander son @ me. com			
Date of Birth: 8-22-1970 Sex: Male Female Do You Have a Disability? Yes No			
now			
Please answer each of the next three questions.			
i. Are you Hispanic or Latino? Yes No			
ii. What is your Race? Please choose all that apply. □ American Indian or Alaskan Native □ Asian ເ White			
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander			
iii. What is your National Origin?			
Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:			
Name: Robert Blewest Relationship: boy friend			
Address: City: Locis State: CA Zip Code: 95242			
Home Phone: (415) 516 - 5258 Other Phone: (_)			
I believe that I was discriminated against by the following organization(s): (Check those that apply)			
Employer & Union			
2. Organization Contact Information (Employer or Union Name)			
Organization #1 Name: S.J. County Mosquito & Vector Control District			
Address: 7759 Airport County: San Joaquin special district			
City: Stockton State: CA Zip: Phone: ()			
Type of Business: County Job Location if different from Org. Address: 5pecial district			
Human Resources Director or Owner Name: Emily Nicholas Phone: 209 982-4675			
Number of Employees in the Organization at All Locations: Please Check (1) One			
☐ Less Than 15 ☐ 15 – 100 ☐ 101 – 200 ☐ 201 – 500 ☐ More than 500			
Organization #2 Name: law office of W. Robert Phibbs			
Address: P.O. Box 417 County: San Joaquin			
City: Loci State: CA Zip: 9524 Phone: (209) 369-(1)69			

•	san Joaquin Mosquito
	Type of Business: attorney Job Location if not at Org. Address: association (ep
	Human Resources Director or Owner Name: Robert Phibbs Phone: 209) 369-6169
1	Number Of Employees In The Organization At All Locations: (Please check (1) 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: Job Title At Hire:
	Pay Rate When Hired: Last or Current Pay Rate:
	Job Title at Time of Alleged Discrimination:
	Name and Title of Immediate Supervisor: Brian Heine
	If Job Applicant, Date You Applied for Job N.A 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 (\checkmark) 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 (\checkmark) 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 (\checkmark) RETALIATION.
	□ Race Sex □Age □ Disability □ National Origin □ Color □ Religion □ Retaliation □ Pregnancy
	Other reason (basis) for discrimination (Explain):
1	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: 6-18.2009 Action: I was informed that I was not exceeding Standards of job performance in horsh abrasive communication
	Name and Title of Person(s) Responsible: Brian Heine
	B) Date: 618-2009 Action: I Started to Cry and informed Brian
	I lacked the training I was entitled to when transferred
	Name and Title of Person(s) Responsible John Strob and Eddie Liches!
	Describe any other actions you believe were discriminatory.
-	I will need to attach more documentation.
	No to a written complaint I tiled in 2007 regarding
	Supervisor Bab Duhan & Subordinate Janne Finley I have (Please attach additional pages if needed to complete your response) had 3 injuries & suffered retaliation
	6. What reason(s) were given to you for the acts you consider discriminatory? By whom? Their Job Title?
	I am told I am too simuative by my piers.
	I am imagining the discrimination by management.
	When Brian Hime was assigned as my supervisor
1	he discouraged me from my initial complaints in
	Druces in January of 2009 and Said I would
1	not need to worry that I would trust him.

A. Mary Iverson	lab technician	retaliation/breach confidence			
B. Steve Azavedo	techT	retaliation/conflict Bb			
c. Don Murdinge	tech II	retaliation/confrct Bob			
Answer questions 8-10 only if you a	re claiming discrimination based on dis	ability. 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 light of t				
disability affect your daily life or w anything? (Example: lifting, sleeping)	ork activities, e.g., what does your disab ng normally, breathing normally, pulling, v	walking, climbing, caring for yourself, working,			
torn menis	ased when I C	etwood from a			
10. Did you ask your employer for Yes □ No	any assistance or change in working con	ndition because of your disability?			
Did you need this assistance or chang	ge in working condition in order to do your	job? ₩ Yes □ No			
	How did you ask (verbally or in writing)?				
To whom did you make the request?					
Describe the assistance or change in working condition requested?					
11. Are there any witnesses to the a they will say. (Please attach additional	alleged discriminatory incidents? If yes, all pages if needed to complete your respon	please identify them below and indicate what se)			
Name	Job Title Address	& Phone Number			
A					
B					
C					
12. Have you filed a charge previou	sly in this matter with EEOC or anothe				
13. If you have filed a complaint wi	th another agency, provide name of age	ncy and date of filing:			

	14. Have you sought help about this situation from a union, an attorney, or any other source? Yes \subseteq No If yes, from whom and when?		
	Provide name of organization, name of person you spoke with and date of organization.	contact. Results, if any?	
)		509 investigation open	
	Fair Howing and Employment	late 2007 or early 200	
	Leon Medina denied investigat		
	SETH union rep Dave Gabler		
	Bob Phibbs 2-2009 refused	representation. Tointed	
	10 yua.		
	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		
	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 EEC		
	discrimination within the time limits, you will lose your rights. If you well below. If you would like more information before deciding whether to		
	about EEOC's notifying the employer, union, or employment agency a		
	Box 2, below.	Sout your ming a charge, you may with the	
	nov t		
	BOX 1		
	I want to file a charge of discrimination, and I authorize the EEOC t	to look into the discrimination I described above. I	
	understand that the EEOC must give the employer, union, or emp	ployment agency that I accuse of discrimination	
	information about the charge, including my name. I also unders		
	discrimination based on race, color, religion, sex, national origin, di discrimination.	sability, age, or retaliation for opposing	
,	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.	understand that I could lose my rights if I do not	
	(
	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:	
	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 emp		
	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 ager	ncies 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 res		

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

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

security clearance matters.

information.

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John Stroh repeatedly advocates and supports Bob Durhams right to be a offensive verbal nuisance to the men and women who work under him with content of racial slurs, bestiality, anal and oral sex. John protects Bob Durham from complaints of employees by using a litigator paid for with District funds. Every time a employee brings Bob's behavior to the attention of management Gerry Preciado, JD

Employment Practices Liability Consultant, Principal from Bickmore Risk Services and consulting is called and field operations stop so we can have Bob's misconduct emphasized as an example of what not to do. Since my employment in 2004 Gerry has been retained in 2005, March 13, 2007, July 25, 2007, June 12, 2008, August 13, 2009.

Bob has also had to go to special training outside the district on proper conduct. I have witnessed Bob walk out of the training and blatantly repeat the offensive content

Somehow my employer has found a loophole in the state and federal laws in regards to complaints of harassment and retaliation because it still takes place today. No attempt of filing a complaint against Bob or management has been successful in getting a federal or state agency to make this conduct stop even though it is textbook lawsuit. It is against the law to talk about females thong panties or corn falling out of there ass or imitate an employees walk and refer to them ass being screwed anally. Yet magically my employer hires old Gerry and it's all o.k.

Every attempt at a solution has always made the repeated mistake of trusting John Stroh will do his job. Three complaints have been filed to the outside government agencies and all have been rejected. I am made to sit and listen to the rights I am supposed to have when I can not find one agency that will go and make the behavior stop.

In take gustionnaire 550-2009-00284N anderson, Tiffany Kay 1516 Sylvan Way #205 Lodi CA, 95242 On 1-1-09 relocation to 2 N. Averlena Ave. Lochi CA 95242 209-329-9523 mobile 209-982-4675 WORK My time table is ticking and I am running out of Steam. July of 2009 under newly promoted Supervisor Brian Heine My work load increased while the time alloted to perform my duties decreased a Manager John Stroh had 3 seperate special meetings with Bran Herne Supersisor Eddle Luchessi assistant John Stroh managely

to intimidate newly promoted Brian Heine to finish the job of firmy me. It become impossible to pretorm my duties. I started to bring my work have with me. Using my resources Via computor. I also punchosed all suplies necled as I was being guestioned about every lessource I was using my private protection gear. maps office resources. Brian Meine got in a blow out to explain to him I did not have the training I needled to Brian Heine insisted I had so he Dob Informed by Keith Neinhais, Bob Duhan, Eddie Luchessi & John Strok. I Started to cry and informed by he did not Know what he was talking about. Brian intermed me I was not Meeting Standards and my work was not good enough.

On July 8, 2009 after my third injury I was requested to explain to John Strok, Eddie Luchessi and Brian Heine. I informed all three on this date I wanted mediation for retail iation and would not return until Such request was met as my safety was at risk.

Please help me

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Brian Heine could not handle the Intimidation from his boss John Stron. In July who he I was figuired to Stay in the sparel by Brian. I Suggested things to Help my Self busy. I was told by Brian to hide.

This to me Shows the pressure Brian felt by his Superiors.

= enertaup EEOE disability acts of discrimination 5-19-11 letter to Manna Emily Violates
5-18-11 rain policy family devore
my rights
5-18-11 released my personal court to Brian 4-10-17 Buian refused my weed list and monored Margons of metanimons Chemical taken in april assigned busy work preunting masquito control. Withholding chamical Labor Comsession Violotion of discrimination