

**District Department of Transportation
Office of Civil Rights
Title VII* Intake Questionnaire**

Complainant's Information	
Name:	
Date:	
Mailing Address:	
Telephone:	
Alt. Telephone:	
Email:	
Preferred contact language:	
Do you require translation services?:	

Respondent	
The respondent is the person against whom you allege engaged in discriminatory action(s)	
Name:	
Work Mailing Address:	
Work Telephone:	

*The purpose of this form is collect information from employees on potential violations of the protections granted pursuant to: District of Columbia Human Rights Act of 1977 (Amended); District of Columbia Parental Leave Act; District of Columbia Municipal Regulations, Title 4, Human Rights; District of Columbia Sexual Harassment Policy; Title VII of the Civil Rights Act of 1964, as amended; Americans with Disabilities Act of 1990; Age Discrimination in Employment Act; Equal Pay Act; and Pregnancy Discrimination Act.

Basis of your complaint

The basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in the Category

Check all that apply

- Race
- Sex
- Age
- Family Responsibilities
- Political Affiliation
- Disability
- Genetic Information
- Gender Identity or expression*
- Sexual Orientation*
- Marital Status
- Matriculation
- Color
- National Origin
- Religion
- Personal Appearance

* Gender identity or expression and Sexual Orientation are protected categories pursuant to the District of Columbia Human Rights Act of 1977 (Amended). Those categories are not recognized under federal law.

Jurisdiction

Did the alleged violation occur in the District of Columbia?	
Did the alleged violation occur 365 days or less from today's date?	
Have you commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein?	

Issues

What made you feel that you were treated differently?

*Check all that apply

- Family Medical leave application or FMLA absence
- Retaliation for engaging in a protected activity
- Sexual Harassment
- Hostile Work Environment
- Demotion or Promotion
- Discipline
- Termination of employment
- Failure to provide reasonable accommodations (i.e. Religion, Disability)
- Failure to hire

Witnesses

Provide the name and contact information for anyone that may be able to support your claims

Your Complaint

Please describe in detail the events that lead you to conclude that you were subject to impermissible discrimination. Please provide dates, names, and actions taken by the person(s) that you believe discriminated against you.

The information you provide is confidential and will not be disclosed without your consent. Your decision to complete the intake questionnaire does not constitute the filing of a formal charge of discrimination. The EEO Officer will discuss the process for filing a formal charge of discrimination. In addition to filing with the EEO Officer of this or any other agency, you may file a complaint with the DC Office of Human Rights if (1) You received an exit letter from the EEO officer of this or any other agency; (2) twenty-one days have passed since bringing this matter to the attention of this or any other agency EEO Officer without receiving an exit letter; or (3) the allegation involves unlawful sexual harassment.

Signature

Date