MISSOURI COMMISSION ON HUMAN RIGHTS

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

421 East Dunklin Street
P.O. Box 1129
Jefferson City, MO 65102-1129
mchrintake@labor.mo.gov

INTAKE QUESTIONNAIRE
Employment
(Not an Official Complaint Form)

THIS INTAKE QUESTIONNAIRE IS NOT A COMPLAINT FORM.
Immediately complete this form and return it to the Missouri Commission on Human Rights (MCHR). **REMEMBER**, a complaint of discrimination must be filed within the time limits imposed by law, generally within 180 days of the alleged act of discrimination. MCHR will review this Intake Questionnaire and, if the information constitutes a basis for filing a complaint, a complaint form will be sent to me for signature. **ANSWER ALL QUESTIONS *that pertain to your situation*, 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, then answer by stating "not known." If a question is not applicable to your situation, then write "n/a." Please print.**

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	
Address		Apt. or Unit Number	
City	County	State	ZIP
Home Phone Number	Work Phone Number		
Cell Phone Number	Email Address		
Date of Birth	Sex ☐ Male ☐ Female ☐ Unspecified or Another Gender Identity	Do you have a disability? ☐ Yes ☐ No	

Please provide the contact information of a person (who does <u>not</u> live with you) we can contact if we are unable to reach you.

Name	Relationship	
Address		
City	State	ZIP
Home Phone Number	Other Phone Number	

Answer the next 2 questions.

1. Are you Hispanic or Latino?
☐ Yes ☐ No

2. What is your race? *(Choose all that apply.)*
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African-American
☐ White
☐ Native Hawaiian or Other Pacific Islander
☐ Other *(Specify):*

3. What is your National Origin? *(country of origin or ancestry)*

COMPLAINT INFORMATION

4. I believe that I was discriminated against by the following organization(s): *(Check those that apply)*
☐ Employer ☐ Union ☐ Employment Agency
☐ Other *(Specify):*

5. Organization Contact Information

Organization #1 Name

Address		County
City	State	ZIP
Phone Number	Type of Business	

Number of Employees in the Organization at All Locations *(Check one)*
☐ 0-5 ☐ 6-15 ☐ 15+
Are there employees of the organization in other states? ☐ Yes ☐ No

Organization #2 Name

Address		County
City	State	ZIP
Phone Number	Type of Business	

Number of Employees in the Organization at All Locations *(Check one)*
☐ 0-5 ☐ 6-15 ☐ 15+
Are there employees of the organization in other states? ☐ Yes ☐ No

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

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race*. If you feel you were treated worse for several reasons, such as your sex, religion, and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to* Retaliation*.*

☐ Race/Color ☐ Sex ☐ Age ☐ Disability ☐ National Origin ☐ Religion ☐ Pregnancy ☐ Sexual Harassment

☐ Other reason (basis) for discrimination *(Explain):*

☐ **Retaliation** – Activities that are protected from retaliation under the Missouri Human Rights Act are:
a. Filing a discrimination complaint, testifying, assisting, or participating in any manner in any investigation, proceeding, or hearing regarding a discrimination complaint; and/or
b. Opposing any practice prohibited by the Missouri Human Rights Act.

7. Background on the alleged discrimination. Which of the following employment action(s) were taken against you?
(Check only those that apply.)

☐ Fired	☐ Harassed	☐ Denied Benefits (Leave, Insurance, etc.)
☐ Not Hired	☐ Disciplined	☐ Denied Pay Raise
☐ Not Promoted	☐ Suspended	☐ Denied Religious Accommodation
☐ Demoted	☐ Laid Off	☐ Denied Disability Accommodation
☐ Transferred	☐ Not Recalled from Layoff	☐ Other:

8. Explain what happened to you below and include the date(s) of harm, action(s) and 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	Action
	Name of Person(s) Responsible	
	Title of Person(s) Responsible	
B.	Date	Action
	Name of Person(s) Responsible	
	Title of Person(s) Responsible	

Describe any other actions you believe were discriminatory. *(Attach additional pages, if needed to complete your response.)*

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

9. Name and describe others who were in the same situation as you. Explain how they were treated. Who was treated better, the same or worse? Provide race, sex, age, national origin, religion, and/or disability status of all such other persons if known and if relevant to your claim of discrimination. *(Add additional sheets, if needed.)*

10. Have you previously filed a charge in this matter with EEOC or another agency? ☐ Yes ☐ No
If "Yes," provide name of the agency and date of filing.

11. If you are claiming discrimination based on disability, answer the following questions. If not, proceed to the end and sign and date questionnaire. *(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 have a disability

If you are alleging discrimination because of your disability, what is 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, seeing, hearing, bending, talking, standing, thinking, relating to others, etc.).*

Did you ask your employer for any assistance or change in working conditions because of your disability?
☐ Yes ☐ No

Describe the assistance or change in working conditions requested?

List any witnesses, what they witnessed, whether they are management or non-management, and their contact information. (*Add additional sheets if needed.*)

☐ I understand that this questionnaire is **NOT A COMPLAINT FORM** and that I have not yet filed a complaint of discrimination. I understand that MCHR will review Intake Questionnaire and, if the information constitutes a basis for filing a complaint, a complaint form will be mailed to me for signature. In order to preserve my rights, the signed complaint must be received at MCHR within 180 days of the alleged act of discrimination. I understand that a copy of the complaint form I sign will be sent to the employer, union, or employment agency and will be the basis for the MCHR investigation.

_____ Initial Here

By entering my name and submitting this form, I do hereby affirm under penalties of perjury that the previously-stated information is true and correct to the best of my knowledge, information, and belief.

_____ _____

First and Last Name *Date*

Please submit completed form by email to mchrintake@labor.mo.gov or by mail to P.O. Box 1129, Jefferson City, MO 65102-1129.

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? If so, you may find information about DOLIR's applicable services and benefits available to veterans at the following address: veteranbenefits.mo.gov.

Missouri Commission on Human Rights is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
TDD/TTY: 800-735-2966 Relay Missouri: 711