

Intake Questionnaire – Employment Discrimination

Salt Lake City Corporation, 451 South State Street, Room 115, P.O. Box 145464, Salt Lake City, UT 84114-5464
Phone (801) 535-6405; Fax (801) 535-7998

Name	Home Phone No. <i>(Incl Area Code)</i>
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Street Address	City, State and ZIP code
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Whom are you filing against? (Where you work(ed) in Salt Lake City) (Employer – Union – Employment Agency – Apprenticeship Program)

Organization Name	Highest Official	Phone No. <i>(Include Area Code)</i>
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Street Address	City, State and ZIP code	Type of Business
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How many employees does the company have? <input type="checkbox"/> 1-14 <input type="checkbox"/> 15-50 <input type="checkbox"/> 51+	Are there fewer than 15 employees in Salt Lake City, Utah? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Corporate office, parent or leasing company: Organization Name	Person to Contact	Phone No. <i>(Include Area Code)</i>
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Street Address	City, State and ZIP code
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EMPLOYMENT INFORMATION

Date of Hire	Date of Separation	First Date of Harm	Latest Date of Harm
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Job Title	Supervisor
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I believe I have been treated differently from others because of my:
 Sexual Orientation Gender Identity

Did you report or complain of discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No	To whom did you report it?	When?
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Describe every action you believe was taken against you because of your sexual orientation or gender identity. Please be as specific as possible (including dates and names). You may attach additional pages to this questionnaire.

What reason did the employer give for the action taken against you?

Why do you believe that the reason given by the employer is not true?

Who are your witnesses?

#1 Name	Job Title	Address/Phone
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What will #1 tell us?

#2 Name	Job Title	Address/Phone
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What will #2 tell us?

#3 Name	Job Title	Address/Phone
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What will #3 tell us?

Name others who were treated differently or better than you.

Name	Job Title
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Name	Job Title
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Name others who were treated the same as you.

Name	Job Title
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Name	Job Title
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Do you have any documents or evidence to support your complaint? Describe:

List someone we can contact if we cannot reach you:

Name	Home Phone No. (Incl Area Code)	Cell Phone No. (Incl Area Code)
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Street Address	City, State and ZIP code
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REMEDIES:

Salt Lake City Ordinance prohibits employment discrimination on the basis of sexual orientation or gender identity. Unlawful discrimination is punishable by a fine up to One Thousand Dollars (\$1,000.00).

In submitting this form, you agree to advise Salt Lake City of any change in your address and/or telephone number and commit that you will fully cooperate in processing this charge in accordance with our policies and procedures. Failure to cooperate may result in the dismissal of the charge or issuance of findings based on the information contained in the file. You may contact us at 801-535-6405.

Complainant's Signature

Today's Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)