

CHARLESTON HUMAN RIGHTS COMMISSION
915 QUARRIER STREET, STE. 2, CHARLESTON, WV 25301
PHONE (304) 348-6880; EMAIL hrc@cityofcharleston.org

Employment Complaint Background Information Form

Please fill in each blank to the best of your ability and return to the Human Rights Commission. If there is no answer to be given in blank space write N/A.

_____ Date	_____ Case Number Assigned
1. Your full name: _____	
Street Address: _____	
City: _____	State: _____ Zip: _____
Phone Number: _____	DOB: _____

The following person(s) always know where to contact me:

Name: _____	
Street Address: _____	
City: _____	State: _____ Zip: _____
Relationship to you: _____	
2. Where are you employed now? (If unemployed, so indicate)	
Name: _____	
Street Address: _____	
City: _____	State: _____ Zip: _____
_____ Unemployed	Last date of employment: __/__/__

3. Who is the Company against who you wish to file? (***The company Must Be Located within the City Limits of Charleston, West Virginia***. If company Headquarters are located in another state, give the **local , Charleston, WV address and phone number**).

Name of Company: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

4. For which reason(s) do you **Believe** you were discriminated against?
ONLY Check only item(s) which specifically apply to your complaint, NOTHING ELSE!

A. Race: _____ State Your Race: _____

B. Color: _____ State Your Color: _____

C. Ancestry: _____ State your ancestry: _____
examples: Spanish, Black, Oriental, etc.

D. National Origin: _____ What Country: _____

E. Religion: _____ State your Denomination: _____

F. Age (40-70) _____ State your age: _____

G. Sex: _____ State your sex: _____

H. Blindness: _____ Legally: _____ Partially: _____

I. Handicap _____ Type of Handicap _____

Medical verification can be provided? _____

J. Sexual Orientation _____

K. Reprisal: _____ Docket # of former Complaint: _____

Provide more information if needed: _____

***** Persons shall be considered blind ONLY if their central vision acuity is not greater than twenty/two hundred (20/200) in the better eye with corrective lenses, or if their vision is greater than twenty/two hundred (20/200) but is sometimes limited in the field of vision not greater than twenty (20) degrees.**

Name of Company individual(s) causing the harm:

_____ Job Title: _____

Date you were hired? _____ Total number Employees within the Company _____. (**City Ordinance requires twelve (12) or more at your place of employment**)

What product or service is provided? _____

What is or was your job title? _____

What is or was your present job duties? _____

_____ Name of your Supervisor? _____

Full Job Title of your Supervisor? _____

Please state the amount your rate of Pay and indicate whether it is:

Per Wk: _____ Bi-Wk: _____ Monthly: _____

Yearly _____ Amount \$ _____

Is there any other position to which you wish to be upgraded? If so enter job title? (Only if you feel you did not receive due to discrimination matter).

5. Check the kind(s) of harm you suffered from your employer: **(Check ONLY those that apply to you and your complaint)**

A. Hiring: (Circle and Explain which one):

Unfair: Application, Interview, requirements, placement

_____ Other: _____

B. Promotion: (Circle and Explain which one):

Passed Over, Request ignored or denied, Other

C. Demotion: (Circle and Explain to either that apply)

Status only, Pay only, Status & Pay

6. Unfair Treatment: (Explain only ones that apply to your complaint)

A. Harassment by: Employee(s) _____, Supervisor(s) _____ or
Unequal workload _____

give details why you feel this way _____

B. No written warning: _____

C. Name calling or biased stories: _____

give a few details about the situation _____

D. Minorities unequally represented _____

give a details _____

E. Other: _____

give details _____

7. Discipline (Only the ones that apply to **your** complaint)

A. Was it Unequal? _____ B. Inappropriate or excessive _____

give some details _____

C. No written warning _____ D. State Procedures ignored? _____

give details _____

E. Given without authority _____ F. Other _____

by whom, and explain some details _____

8. What is your most recent date of discrimination? (**Check appropriate issue ONLY and date of most recent incident**)

Failure to hire: _____ Date: _____

Discharge/Termination: _____ Date: _____

Failure to reinstate after layoff, medical leave, or other approved leave of absence: _____ Date: _____

Suspension: _____ Date: _____

Forced resignation: _____ Date: _____

Forced maternity leave: _____ Date: _____

Demotion: _____ Date: _____

Reduction in wages: _____ Date: _____

Retaliation: _____ Date: _____

Docket # of Former Complaint/ and Agency: _____

Other: (Please list reasons given by employer):

9. Is the discrimination a continuing matter? Yes: _____ No: _____

If yes, when did harm begin? Date: _____

10. Please explain in detail what happened to you within the last 90 days and/or include the time when the harm began. (Use back of form if necessary)

Give name of person(s) whose race, sex, age (under 40) etc. is different than your own who were not treated in the same manner for the same reasons.

Name: _____ Sex: _____

Age(under 40): _____ Race: _____

List additional names on the back of this page if necessary.

11. Have you discussed the problem which led to your filing this complaint with anyone in management at your place of employment?

Yes: _____ No: _____

If yes, with whom did you discuss it? _____

Title: _____ Date: _____

12. Is there a union at your place of employment?

Yes: _____ No: _____

If yes, are you a member? _____

If yes, have you filed a grievance on this same problem?

Yes: _____ No: _____

If yes, what is the status of your grievance?

Step# _____ Arbitration _____ Date of Hearing _____

13. Have you filed this same charge with any other government agency or attorney? I

Yes: _____ No: _____ If yes, answer the following:

Name of Agency/Attorney: _____

Address: _____

City: _____ State: _____ Zip: _____

14. Information about witness(s):

Please provide the names of any witnesses **ONLY** who will have first hand information about your problem. If you do not know the full name, give the part you know such as nickname, job title, work location or other bits of information you have that might help us to identify the person.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

**** Need additional space or more than one name, write on back of this form.****

What specific information does the above mentioned person have of His/Her OWN KNOWLEDGE that is important to your complaint:

Explain in detail: _____

15. Do you know of any documents, records, or written information that will be important to your case? Please list any such items, with the location of known whereabouts.

	<u>Item</u>	<u>Location</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**** Need additional space write on back of form****

16. To settle your complaint, what do you want? Or what would you take to settle your complaint?

Explain: _____

Please be as complete as possible in answering **ALL OF THE QUESTIONS** as they **APPLY to YOUR COMPLAINT.**

The more information you can provide, the better we can serve you and move more easily on your complaint. Thank You.

Please sign and date below to the following statement:

I have not commenced any action, civil or criminal based upon the grievances set forth above, except:

(X) _____ Date: _____
Signature or mark of Complainant

Witness to signature and statements above:

_____ Date: _____

STATE OF WEST VIRGINIA
COUNTY OF KANAWHA, To wit:

I, _____, a Notary Public in and for
said County and State, do hereby certify that _____,
signed the foregoing writing bearing date the _____ day of _____, 20_____, has
this day before me in my said County, acknowledged the same before me.

Given under my hand this the _____ day of _____, 20 _____.

My Commission expires _____

Notary Public