



**EMPLOYMENT DISCRIMINATION  
CHARGE QUESTIONNAIRE**

Broward County Civil Rights Division  
115 South Andrews Avenue, Room A680  
Fort Lauderdale, FL 33301  
Telephone: (954) 357-7800 FAX: (954) 357-7817 / TDD:(357) 357-6181  
<http://www.broward.org/civilrights/welcome.htm>

**IMPORTANT NOTICE TO POTENTIAL CHARGING PARTY:** Completion of this form is necessary in order for the Civil Rights Division (CRD) to determine if you have sufficient legal grounds to initiate the filing of a charge of employment discrimination.

**Completion and submission of this Questionnaire does not constitute the filing of a charge of discrimination.** Upon receipt of this completed Questionnaire, we will determine if you have stated sufficient factual allegations to proceed further. If the facts are not sufficient, we will either contact you for further information or notify you of our determination that the facts are not sufficient. If the facts are sufficient, a complaint will be prepared for you to sign, notarize and return to CRD for filing and investigation. You must return the signed, notarized complaint form so that it is received by CRD within 180 days of the date of the most recent act of alleged discrimination. If your form is received after 180 days, but within 300 days, CRD will forward your forms to the U.S. Equal Employment Opportunity Commission (EEOC) for processing and investigation.

**When completing this form, please print legibly or use typewriter.  
Please do not write on the back of the page. Use additional sheets if necessary.**

**PERSONAL INFORMATION:**

1. My name is: \_\_\_\_\_  
(First) (Middle Name or Initial) (Last)
2. My date of birth is \_\_\_\_\_. I am presently \_\_\_\_\_ years of age.
3. My gender is \_\_\_\_\_ and my racial identity is \_\_\_\_\_
4. I reside at \_\_\_\_\_  
in the City of \_\_\_\_\_ County of \_\_\_\_\_  
State of \_\_\_\_\_ Zip Code \_\_\_\_\_
5. My day time telephone number, including the area code is: \_\_\_\_\_
6. My evening telephone number, including the area code is: \_\_\_\_\_
7. The name of a person who will know how to reach me is: \_\_\_\_\_  
Their telephone number (including area code) is: \_\_\_\_\_

**INFORMATION ABOUT YOUR DISCRIMINATION CLAIM:**

What is the name of the employer that you believe discriminated against you:

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

What is the nature of this employer's business: \_\_\_\_\_

In what Florida County were you employed: \_\_\_\_\_

How many employees worked for the employer named above: \_\_\_\_\_

Are you now employed by this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

When did you first begin work for this employer?: \_\_\_\_\_

If you are no longer employed, did you resign or were you fired? \_\_\_\_\_

If you were discharged or resigned, when did you last work for this employer? \_\_\_\_\_

If you were never employed, and applied for a job, when did you apply? \_\_\_\_\_

If you applied for a job, what job did you seek? \_\_\_\_\_

My immediate supervisor (if applicable) \_\_\_\_\_  
(Name) (Job Title)

What is, or was, your job position: \_\_\_\_\_

At the time of the alleged discriminatory actions, my duties were:

**Please indicate the basis upon which you believe you were discriminated against. (Check and respond only to those that are applicable to your case.)**

o **Race.** If your claim is based on race, what is your race? \_\_\_\_\_

o **Color.** If your claim is based on color, what is your color? \_\_\_\_\_

o **National Origin.** If your claim is based on national origin, what is your national origin? \_\_\_\_\_

o **Sex.** If your claim is based on sex (or gender), what is your sex (gender)? \_\_\_\_\_

a.) If your claim is based on sexual harassment, did you report the alleged harassment to the employer?  
\_\_\_ Yes \_\_\_ No.

If yes, what actions did the employer take based on your report? \_\_\_\_\_

b.) If your claim is based on pregnancy, when did the employer learn that you were pregnant?

o **Age.** If your claim is based on age, what is your age? \_\_\_\_\_

o **Religion.** If your claim is based on religion, what is your religion? \_\_\_\_\_  
Did you request an accommodation for a religious practice or belief? \_\_\_ Yes \_\_\_ No. If yes, what was the employer's response to your request? \_\_\_\_\_

o **Retaliation.** If your claim is based on retaliation, had you previously filed a claim of employment discrimination with either EEOC or OEO? \_\_\_ Yes \_\_\_ No. Had you previously filed a claim of discrimination through your employer's internal procedures? \_\_\_ Yes \_\_\_ No. Had you testified or assisted someone else in protecting their rights under the employment discrimination laws? \_\_\_ Yes \_\_\_ No.

o **Disability.** If your claim is based on disability, what is your disability? \_\_\_\_\_  
(NOTE: IF YOUR CLAIM IS BASED ON DISABILITY. PLEASE COMPLETE THE ATTACHED DISABILITY QUESTIONNAIRE.)

Did you request an accommodation for your disability? \_\_\_ Yes \_\_\_ No. If yes, what was the employer's response to your request for an accommodation? \_\_\_\_\_



My work history, experience, and education are:

My last performance evaluation and my overall performance on the job were:

During my employment, I \_\_\_\_\_ (did) \_\_\_\_\_ (did not) receive any disciplinary actions. My record of disciplinary actions includes all of the following? (If so, state the type of disciplinary action and date.)

The incidents that led to the alleged discriminatory treatment were:

To the best of my knowledge, other persons (did) (did not) commit violations similar to those that I was accused of. If other persons committed similar violations, please describe how they were treated differently. As to each person who was treated different, identify them by name, job held, sex, race, national origin, age, etc., as appropriate.

The particular company policy or practice that was applied in a discriminatory manner was:

The names, addresses and telephone numbers for all persons who have knowledge about the alleged discriminatory treatment are listed below. I have also given a summary of what each person knows about this matter.

WHAT RELIEF ARE YOU SEEKING IN THIS MATTER? \_\_\_\_\_

WHAT WOULD YOU BE WILLING TO ACCEPT TO RESOLVE THIS MATTER IMMEDIATELY? \_\_\_\_\_

ARE YOU WILLING TO PARTICIPATE IN MEDIATION TO SEEK AN EARLY RESOLUTION OF YOUR CLAIM(S)?  
\_\_\_\_\_ Yes. \_\_\_\_\_ No.

HAVE YOU SOUGHT ASSISTANCE FROM ANY OTHER AGENCY, ATTORNEY, ETC.? If so, what is the name of the source of assistance: \_\_\_\_\_

Date of assistance: \_\_\_\_\_ Results, if any: \_\_\_\_\_

HAVE YOU PREVIOUSLY FILED A COMPLAINT WITH CRD or EEOC? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, when did you file:

- A. I have been advised by a representative of the Broward County Civil Rights Division (CRD) that completion of this Questionnaire is necessary in order for the Civil Rights Division to determine if I have sufficient legal grounds to initiate the filing of a charge of employment discrimination. I understand that completion and submission of this Questionnaire does not constitute the filing of a charge of discrimination and that upon receipt and review of this completed Questionnaire, CRD will determine if I have stated sufficient factual allegations to proceed with the actual filing of a charge of discrimination.
- B. I understand that to be timely filed, a charge of discrimination must be signed, notarized, and received by CRD within 180 days of the date of the most recent act of alleged discrimination. If I file a complaint after 180 days, but within 300 days, CRD will not investigate my claims but will forward my complaint to the U.S. Equal Employment Opportunity Commission (EEOC) for processing and investigation.
- C. I have been given assurances by an agent of the Broward County Civil Rights Division that pursuant to Broward County's Equal Employment Ordinance (Chapter 16 ½), and applicable Florida Statutes, this Questionnaire will be considered confidential and will not be disclosed (except to the parties to this proceeding, including the employer and its legal representative) as long as the case remains open unless it becomes necessary for CRD to produce the Questionnaire in a formal proceeding. Upon the closing of this case, the Questionnaire may be subject to further disclosure in accordance with Chapter 16 ½ and Florida's Public Record Act.

Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

