

Board of County Commissioners, Broward County Florida

CIVIL RIGHTS DIVISION
(Division de Derechos Humano)

EMPLOYMENT SCREENING FORM

The purpose of this form is to assist the Division in determining whether or not you have a complaint that meets the proper jurisdictional requirements. If you do meet the filing standards, you will be given a questionnaire for additional information.

Your Name _____ **Date** (*Fecha*) _____

(*Su nombre*)

Address _____

(*Direccion*)

Telephone No _____

(*Numero de Telefono*)

Name of Company _____

(*Nombre de Compania*)

Circle ONE (Marque Uno)

| | | | |
|--|-----|----|----------|
| Does company employ fifteen or more people (<i>Compania emplea mas de quince empleados</i>) | Yes | No | NOT SURE |
| Did the discriminatory act take place in Broward County (<i>La discriminacion ocurrio en el condado de Broward</i>) | Yes | No | NOT SURE |
| Did the discriminatory act take place within 180 days (<i>El acto de discriminacion ocurrio dentro de 180 dias</i>) | Yes | No | NOT SURE |
| Did the discriminatory act take place within 365 days (<i>El acto de discriminacion ocurrio dentro de 365 dias</i>) | Yes | No | NOT SURE |
| Are you an independent contractor (<i>Usted trabaja como contractor</i>) | Yes | No | NOT SURE |
| Is your complaint against a Union (<i>Su queja es contra una Union</i>) | Yes | No | NOT SURE |
| Is your complaint against an Employment Agency (<i>Su queja es contra una agencia de empleo</i>) | Yes | No | NOT SURE |

What is the basis of your complaint (Circle Appropriate Basis)

(*El motive de su queja es...Marque los que pertenece*)

RACE(Raza) COLOR RELIGION SEX (*Por ser mujer o hombre*) NATIONAL ORIGIN (*Origen Nacional*)
DISABILITY (*Desabilidad*) MARITAL STATUS (*Casado, Soltero, etc.*) POLITICAL AFFILIATION
RETALIATION AGE (*Edad*) SEXUAL ORIENTATION

Explain the issues of your complaint (*Esplique su queja*)

Signature(*Firma*)_____