Office of Human Rights
DISTRICT OF COLUMBIA

OHR QUESTIONNAIRE-EMPLOYMENT

*Required Fields

1. COMPLAINANT

*Today's Date:	*Name:
*Address:	*City/State/Zip:

E-mail: _____

Home Tel #: _____

Work Tel #: _____

What is your language preference?
☐ English ☐ Spanish ☐ Amharic ☐ Chinese ☐ Vietnamese ☐ Korean
☐ Other (Please list) _____

IF REPRESENTED BY COUNSEL, PLEASE PROVIDE THE FOLLOWING:
Name: _____ **Telephone/Fax:** _____
Address: _____ **E-mail:** _____
Please note: If you are represented by counsel or retain counsel prior to your scheduled Intake interview, the counsel must either (1) be present with you for the duration of your Intake interview, or (2) withdraw his/her appearance from the interview by submitting a letter to the Office indicating that the interview may take place without his/her representation.

Do you require a reasonable accommodation? If so, please explain:
_____

Do you require language interpretation? If so, what language? _____

2. RESPONDENT

Name of company or organization:

Name and Title of principal officer (i.e. President, Owner, Human Resources Manager):

Address		City/State/Zip
Tel #:	Fax #:	E-mail Address:

3. BASIS OF COMPLAINT

The basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in that category.

***Do you feel you were discriminated against because of your: (Check all that apply)**

☐ Race	☐ Sex	☐ Age	☐ Family Responsibilities	☐ Sexual Orientation
☐ Political Affiliation	☐ Disability	☐ Genetic Information	☐ Gender Identity or Gender expression	☐ Marital Status
☐ National Origin	☐ Religion	☐ Personal Appearance	☐ Color	☐ Matriculation

4. JURISDICTION

***Please check all that apply:**

☐ Alleged violation occurred in the District of Columbia.

☐ Alleged violation occurred 365 days or less from today's date.

☐ You have not commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein.

5. ISSUES

***What action was taken that made you feel you were treated differently?**

☐ Family Medical Leave ☐ Promotion ☐ Transfer ☐ Demotion

☐ Retaliation ☐ Sexual Harassment ☐ Hostile Work Environment ☐ Failure to Hire

☐ Discharge ☐ Discipline ☐ Failure to Accommodate (i.e. Religion, Disability)

☐ Other:_____

6. DISTRICT OF COLUMBIA GOVERNMENT EMPLOYEES OR APPLICANTS

Please note: Pursuant to §105 of DCMR Title IV, all District Government employees must first consult an agency EEO counselor within 180 days of the alleged discriminatory act prior to filing with the Office of Human Rights, *unless* the District Government employee is alleging unlawful discrimination based on sexual harassment. The Office of Human Rights cannot process a complaint from a current of former District Government employee unless (1) the employee has received an exit letter from his/her agency EEO Counselor; (2) twenty-one days have passed since the matter was called to the attention of the agency's EEO counselor and no exit letter has been written; or (3) the employee is alleging unlawful discrimination based on sexual harassment.

☐ You have filed an informal complaint with an agency assigned EEO Officer/ Counselor.

Counselor's Name:_____

Counselor's Agency: _____

Counselor's Telephone Number:_____

Date Filed:_____ Date of Exit Letter:

7. D.C. FAMILY AND MEDICAL LEAVE ACT

(Only complete section if your complaint deals with FMLA.)

*Have you been employed with this company for at least one (1) year and have worked at least one thousand (1,000) hours?

☐ **YES** ☐ **NO**

8. WITNESSES

List whom you feel can corroborate your experience and provide evidence in your support.

Name: _____ Name: _____ Name: _____

E-mail Address: _____ E-mail Address: _____ E-mail Address: _____

Telephone: _____ Telephone: _____ Telephone: _____

*9. YOUR COMPLAINT

Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying employment, promotion, training, etc. If this is a disability-based complaint, please specify whether an accommodation was requested; the person the request was submitted to and the date Respondent was notified of your disability.

THE SUBMISSION OF THE OHR QUESTIONNAIRE CONSTITUTES THE DATE OF FILING FOR STATUTE OF LIMITATIONS PURPOSES. A COMPLETE AND SUBMITTED OHR QUESTIONNAIRE SATISFIES THE REQUIREMENTS OF 4 DCMR 705.4, 705.5

Please return this form by email to ohr.intake@dc.gov or 441 4th Street NW, Suite 570N, Washington DC, 20001.

The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

_____ _____

*Signature of Complainant *Date

(please type full name)