

Employment Intake Questionnaire

Complaint Questionnaire



The District of Columbia Human Rights Act and its extensive list of protected traits seeks to eradicate discrimination, and promote fairness and equality in key areas that impact quality of life: employment, education, places of public accommodation and housing. You may file a discrimination complaint if you believe you have been discriminated against in employment, housing, public accommodations and educational institutions based on a protected trait in the District of Columbia (listed in the basis of complaint section below).

Jurisdiction

To file a complaint, the alleged violation must meet the following criteria (please check the required boxes):

It occurred in the District of Columbia.

It occurred 365 days or less from today's date.

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

Complainant Information

Complainant Preferred Name

Complainant Address

Complainant Telephone Number

Complainant Email Address

Do you need a reasonable accommodation?

Yes No

If yes, please explain

What language do you prefer to communicate in?

English Chinese Korean Vietnamese

Amharic French Spanish

Other: _____

Do you require a language interpreter?

Yes No

If yes, which language?

Language indicated above

Other _____

Do you have a preferred gender pronoun (write below)?

Incident Information

Name of Company or Organization

Name and Title of Principle Officer (i.e. owner or manager)

Company or Organization Address

Telephone Number

Fax Number (optional)

Email Address of Principle Officer

Basis of Complaint

Basis is the category to which you belong or were perceived to belong and were allegedly treated differently because of. Do you feel you were discriminated against because of your (please check appropriate box or boxes):

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

Issues

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

Family and Medical Leave Act	Promotion or Lack of Promotion	Sexual Harassment	Hostile Work Environment	Retaliation	Transfer
Failure to Accommodate	Failure to Hire	Discharge	Demotion	Discipline	Other

Additional Information About the Incident

DC Government Employees or Applicants Only

Current, former, or prospective DC government employees must consult an agency EEO counselor within 180 days of the alleged discriminatory act prior to filing with OHR, except when alleging sexual harassment. OHR cannot process a complaint related to DC Government employment unless (1) you have received an exit letter from an agency EEO Counselor; or (2) 30 days have passed since the matter was called to the attention of the agency's EEO Counselor and no exit letter has been issued.

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

Counselor Name:

Counselor Agency:

Counselor Tel Number:

Date Filed:

Date of Exit Letter:

For DC Family & Medical Leave Act Complaint

Have you been employed with the company for at least one year and worked at least 1,000 hours?

Yes No

Attorney or Counsel Information (optional)

Counsel Name

Counsel Address

Counsel Telephone Number

Counsel Fax Number

Witnesses

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

Name:
Phone:
Email:

Name:
Phone:
Email:

Acknowledgment

I want to file a charge of discrimination, and I authorize OHR to investigate the discrimination I described above. I understand the agency must give the employer, union, or employment agency I accuse of discrimination information about the charge, including my name.

I acknowledge OHR may also investigate additional claims using other civil rights laws in the District of Columbia.

Complainant Signature:
(type initials if a digital submission)

Date:

How did you find out about the Office of Human Rights ?

Family or Friend	DC Government or 311	OHR Advertisement
OHR Social Media	OHR Brochure or Flyer	OHR Website or Internet
Event or Training	Lawyer/Community Org	Other:

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