

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 using this form if you believe you have been discriminated against in employment.

An* denotes a required field. OHR will not accept forms that do not have this information.

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.

For Non-DC government employees: Alleged violation occurred one year or less - from today's date.

For DC government employees: Alleged violation occurred within 180 days or less from the date you reported to a certified agency EEO Counselor, except for sexual harassment or DC Family and Medical Leave allegations.

You have not commenced any other action, civil, criminal or administrative in any other forum 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)?

Attorney or Counsel Information (optional)

Counsel Name

Counsel Address

Counsel Telephone Number

Counsel Fax Number (optional)

Counsel Email Address

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.

Please check box(es) that apply. **You feel you were discriminated against because of your:**

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
Retaliation	Status as Victim/Family Member of Victim Domestic Violence, Sexual Offense, or Stalking (DVSOS)	

Issues*

What action was taken that made you feel you were treated differently? Please check appropriate box(es):

DC Family and Medical Leave Act	Promotion or Lack of Promotion	Sexual Harassment	Hostile Work Environment	Disclosure (DVSOS only)	Transfer
Failure to Accommodate	Failure to Hire	Discharge	Demotion	Discipline	Other

DC Government Employees or Applicants Only

*Current, former, or prospective DC government employees must **first consult a certified 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 or DCFMLA. If more than 30 days have passed since you brought your claim to the attention of an EEO counselor and no exit letter has been issued, you may file directly with OHR.*

You have filed an informal complaint with a certified agency assigned EEO Counselor

Counselor Name:

Counselor Agency:

Counselor Tel Number:

Date you first contacted the EEO Counselor:

Date of Exit Letter:

DC Family & Medical Leave Act Only

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

Yes No

Respondent Information

Name of Company or Organization*

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

Company or Organization Address*

Telephone Number*

Fax Number (optional)

Email Address of Principle Officer*

Witnesses

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

Name:

Name:

Phone:

Phone:

Email:

Email:

Your Complaint*

On the following page, please provide a detailed statement of the incident that led to file a complaint of discrimination. Please include **relevant dates, the name(s) of the person(s) who discriminated against you, and how the bases and issues you indicated above are connected**. If this information is not included, your complaint may be dismissed.

Your Complaint*

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 will also investigate additional claims using other civil rights laws in the District of Columbia.

Complainant Signature:

(type initials if a digital submission)

Today's Date:

(mm/dd/yyyy)

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.