

Protecting Pregnant Workers Complaint Questionnaire



The Protecting Pregnant Workers Fairness Act (PPW) requires District of Columbia employers to provide reasonable work-place accommodations for employees whose ability to perform job duties is limited because of pregnancy, childbirth, breastfeeding, or a related medical condition. Individuals who believe they were denied a reasonable accommodation or treated unfairly in violation of PPW can file a complaint with the DC Office of Human Rights (OHR). If a violation is found, employers may be required to provide monetary or other relief to the employee.

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 or is related to an employment position in the District of Columbia.

Complainant Information

Complainant Preferred Name

Complainant Preferred Telephone Number

Complainant Second Telephone Number (optional)

Complainant Email Address

Do you need a reasonable accommodation?

Yes No

If yes, please explain

Incident Information

Date of Alleged Violation:

What prohibited action did the employer take?

Refused a reasonable accommodation*

Took adverse against an employee for requesting an accommodation

Denied employment opportunities to the employee because of the request or need for an accommodation

Required an employee to take leave when a reasonable accommodation could have been provided

Required employees to accept an accommodation unless it's necessary for the employee to perform their job duties

Employer Information

Employer Name

Employer Address

Employer Telephone Number

* A "reasonable accommodation" is one that does not require significant difficulty in the operation of the employer's business or significant expense for the employer, with consideration to factors such as the size of the business, its financial resources and the nature and structure of the business.

Additional Information

Please describe the incident and provide any additional relevant information.

Acknowledgement

All following requirements below must be checked and acknowledged with signature to officially file this complaint:

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

I understand that OHR will investigate my claim and send a recommendation to an administrative law judge at DOES on whether a violation should be found. DOES will make the final determination and impose any penalties, if appropriate.

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

Attorney or Counsel Information (optional)

Counsel Name

Counsel Address

Counsel Telephone Number

Counsel Fax Number

Counsel Email Address

Complainant Signature:

(type initials if digital submission)

Date:

How did you find out about the Office of Human Rights (check all that apply)?

Family or Friend

DC Government or 311

OHR Advertisement

OHR Website or Internet

OHR Social Media

OHR Brochure or Flyer

Lawyer/Legal Clinic

Community Organization

Event or Training

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.