

Unemployed Anti-Discrimination Intake Questionnaire

Complaint Questionnaire



The District of Columbia Unemployed Anti-Discrimination Act prohibits employers, employment agencies or entities acting on an employer's behalf from discriminating against an individual applicant because they are unemployed. Individuals who believe an employer, agency or entity failed or refused to consider them for employment, or failed to refuse or hire them, because they were unemployed can file a complaint. More information about the law is available by visiting or calling the Office of Human Rights or at ohr.dc.gov/page/unemployed.

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 on or after the law's effective date of October 1, 2015.

It occurred 365 days or less from alleged violation date.

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

Email Address of Principle Officer

Unemployed Status

If you are filing a complaint because you are alleging discrimination based on unemployment status, please ensure you meet the following three conditions (check each box):

Unemployed at time of application/interview

Available to work at time of application/interview

Seeking employment at time of application/interview

If you are filing a complaint because you are alleging retaliation, please check the box below:

I am alleging retaliation under the UADA.

Incident Details

(only complete this section if alleging discrimination based on unemployment)

Application/Interview Date: _____

Position applied for: _____

Person who referenced your unemployment: _____

Job Title: _____

Additional Information About the Incident

Describe in detail the incident that led you to file a complaint of discrimination or retaliation.

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

| | | | |
|-------------------|-----------------------|------------------------|-------------------------|
| Family or Friend | DC Government or 311 | Community Organization | OHR Advertisement |
| OHR Social Media | OHR Brochure or Flyer | Lawyer/Legal Clinic | OHR Website or Internet |
| Event or Training | Other: _____ | | |

Signature

Complainant Signature:
(type initials if a digital submission)

Date:

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.