

Employment Intake Questionnaire

Credit Information



The new Fair Credit in Employment Act of 2016 prohibits employers in the District of Columbia from asking for or relying on the **credit information of a current or potential employee** in making employment decisions (exceptions apply). Credit Information is a new protected trait in the workplace under the DC Human Rights Act of 1977 and is defined as “any written, oral, or other communication of information bearing on an employee’s credit worthiness, credit standing, credit capacity, or credit history.” For more information call the Office of Human Rights or visit ohr.dc.gov/page/faircredit. *Fields with asterisks (**) are required.*

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 in the last year and on or after the law’s effective date of October 1, 2017.

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 _____

Incident Information

Name of company or organization**

Name and Title of principle officer (i.e. Owner, Manager)

Company or Organization Address**

Telephone Number**

Fax Number (optional)

Email Address

Attorney or Counsel Information (optional)

Counsel Name

Counsel Address

Counsel Telephone Number

Counsel Fax Number

Incident Information

The following steps help us to ensure we have the proper information about your housing application experience and assists us in preparing for our intake interview with you. **Please complete each step below** to the best of your ability before submitting this complaint to us (required boxes are marked with **).

Step 1: Credit Information Inquiry

Current Position or Position Applied for**

Has your employer required, requested, suggested or caused you to submit credit information at any point in your employment?*

Yes No

If yes, please explain:

Name:

Phone:

Email:

Name:

Phone:

Email:

Step 3: Other Factors

There may be other factors that you believe are involved in you being treated differently. Please check any additional factors you believe may have influenced your employer to treat you differently:

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

Does this position require a security clearance?*

Yes No

Do the duties in this position involve MPD/law enforcement or a financial institution?*

Yes No

Step 2: Witnesses

Do you know of individuals who can speak to your experience and provide evidence in your support?*

Yes No

If yes, please list individuals and provide complete information for each in the next column:

DC Government Employees or Applicants Only

DC government employees must consult an agency EEO counsel- or within 180 days of the alleged discriminatory act prior to filing with OHR, unless the employee is alleging sexual harassment. OHR cannot process a complaint from a current or former DC Government employee unless (1) the employee has received an exit letter from an agency EEO Counselor; (2) 21 days have passed since the matter was called to attention of the agency's EEO Counselor and no exit letter has been written; or (3) the employee is alleging sexual harassment.

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: _____

Additional Narrative Information

Please describe the incident and provide any additional relevant information.

Acknowledgment

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

Complainant Signature:

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.