CITY OF READING HUMAN RELATIONS COMMMISSION

815 Washington Street
Room 1-21
Reading, PA 19601
(610) 655-6141 Phone
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PLEASE READ BEFORE COMPLETING YOUR INTAKE QUESTIONNAIRE

To facilitate a more efficient screening interview, please follow the following instructions. Failure to follow the instructions may result in the receptionist returning your questionnaire to you because it is incomplete:

1. **"See Attached."** You may attach documents but try your best to summarize why you feel you are being discriminated against. Your answers are to be a short summary of why you claim that you were discriminated against. If you are scheduled for an intake appointment, you may explain in more detail at that time.

2. Harassment claims:

   Harassment can include, for example, offensive or derogatory remarks about a person's **Race, Color, Sex, Pregnancy, National Origin, Religion, Disability, Age, Sexual Orientation, and/or Gender Identity** or the display of offensive symbols or pictures against a particular **Race, Color, Sex, National Origin, Religion, Disability, Age, Sexual Orientation, and/or Gender Identity.** Harassment based on any of the above is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted). If you are claiming these forms of harassment, list specific examples and approximate dates and times that it happened. Examples of legitimate harassment claims are:

   "On January 3, 20--, my coworker, John Smith, called me the 'N' word"
   "On September 15, 20-, my supervisor, John Doe told me that I am a dumb blond."
   "On February 4, 20--, Sally Jones, foreman, pushed me and told me that I am too old for this job."
   "On June 16, 20--, Fred Thompson, owner, screamed, "Come here, you camel jockey!"

   An allegation that a co-worker or supervisor is being unprofessional or mean to you with no connection to Race, Sex, Pregnancy, National Origin, Religion, Disability, Age, Sexual Orientation or Gender Identity is not harassment covered under the laws that the RHRC enforces.

3. Retaliation claims:

   The protected activities under the laws we enforced are 1) participating in the EEO process and 2) requesting accommodation.

How to Support Your Charge

Types of evidence which support an allegation include:

(1) Your demonstration of a difference in treatment in violation of laws enforced by RHRC and EEOC by showing that individuals outside the protected class (es) were treated differently than you in a similar situation. (For example, if you are female and claim sex discrimination, can you show that similarly situated males are treated better than you in the same circumstance)

(2) Witness testimony and/or documentary evidence of the situation you described. (In the above example, are there documents or witnesses which will show the difference in treatment between men and women?)

Is Your Complaint of Employment Discrimination Prohibited by Federal Law?

The RHRC enforces seven Federal Laws under our ordinance: Title VII of the Civil Rights Act of 1964, as amended ("Title VII"), which prohibits discrimination in employment because of Race, Sex(pregnancy, sexual orientation, gender identity), Color, Religion, and Nation Origin; the Equal Pay Act of 1963, makes it illegal to pay different wages to men and women if they perform equal work in the same workplace; the Age Discrimination in Employment Act, as amended ("ADEA"), which prohibits employment discrimination against persons aged 40 and above; the Americans with Disabilities Act ("ADA"), which prohibits discrimination against qualified individuals with disabilities (mental and physical) who, with or without reasonable accommodation, can perform the duties of the job in question; sections 102 and 103 of the Civil Rights Act of 1991, among other things, this law amends Title VII and the ADA to permit jury trials and compensatory and punitive damage awards in intentional discrimination cases; sections 501 and 505 of the Rehabilitation Act of 1973, which prohibits discrimination against a qualified person with a disability in the federal government.

The law also requires that employers reasonably accommodate the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, unless doing so would impose an undue hardship on the operation of the employer's business; the Genetic Information Nondiscrimination Act of 2008, makes it illegal to discriminate against employees or applicants because of genetic information. Genetic information includes information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about any disease, disorder or condition of an individual's family members (i.e. an individual's family medical history). The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

RHRC processes claims by employees (current or former) or applicants for employment:
When the employee[1] or applicant alleges that he or she has been treated differently and/or less favorably because of his or her Race, Sex, Color, National Origin, Religion, Age, Disability, Sexual Orientation and/or Gender Identity or family medical history than an employee or applicant of a different Race, Sex, etc.; When an employer has failed to provide reasonable accommodation for the employee's or applicant's Religion or Disability ; When an employer's apparently neutral employment policies have a disproportionate adverse impact on employees of one group as compared with another group and when those policies are not job-related or consistent with business necessity; and When the employee has been retaliated against because he or she has complained of employment discrimination for a reason covered by RHRC's statutes, has filed a charge of discrimination or has participated in an investigation of discrimination.

Claims of unfair treatment in the workplace or poor personnel practices are not claims that RHRC can address when they are not caused by Race, Sex, Color, Religion, National Origin, Age, Disability, Sexual Orientation and Gender Identity. If the circumstances that you describe do not raise allegations that are covered by our laws, you will be so advised. You will also be informed if there is any other agency which may have coverage over your allegations. The RHRC will counsel you concerning the filing of charges which it knows will be immediately dismissed, e.g., because the charge does not raise an issue under one of the laws we enforce or if the charge is untimely (beyond 180 days or 300 days under EEOC) or clearly without merit. However if you do not file a charge with RHRC/EEOC, you will not be able to file a lawsuit in Federal District Court in this matter under any of the statutes administered by RHRC/EEOC. A charge beyond our authority or without merit will be taken if you insist on filing, but will be quickly dismissed and a Right to Sue will be issued.

[1] Charge may also be filed against employment agencies, labor organizations, or joint labor-management committees.

CITY OF READING HUMAN RELATIONS COMMMISSION
INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the City of Reading Human Relations Commission ("RHRC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine RHRC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer, write "N/A." (PLEASE PRINT)

1. Personal Information

First Name: _____ MI:_____ Last Name: _____

Address: _____ Apt. or Unit #: _____

City: _____ County: _____ State: _____Zip: _____

Home: (____) _____Cell: (____) _____ Email Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female ☐ X (unspecified or another gender identity)

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☐ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☐ White ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (county of origin or ancestry)? _____

Please provide the name of a person we can contact if we are unable to reach you:

Name: _____ Relationship: _____

Address: _____City: _____ State: _____ Zip: _____

Home Phone: (____) _____Cell Phone: (____) _____

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☐ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____Job Location if different from Org. Address:_____

Human Resources Director or Owner Name: _____ Phone: (_____) _____

Email:_____

Number of Employees in the Organization at all Locations: Please check (√) One

☐ Fewer Than 15 ☐ 15 – 100 ☐ 101 – 200 ☐ 201 – 500 ☐ More than 500

3. What is the reason (basis) for your claim of employment discrimination?

For Example, if you feel that you were treated worse than someone else because of race, you should check the box next to Race, if feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☐ Race ☐ Sex ☐ Age ☐ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race)

If you checked color, religion or national origin, please specify: _____

Other reason (basis) for discrimination (Explain): _____

4. What happened to you that you believe was discriminatory? Include the date (s) of harm, the action (s), and the name (s) and title(s) of the person(s) who you believe discriminated against you. Use additional pages if needed. (Example: 10/02/06 – Discharged by Mr. John Soto, Production Supervisor)

A. Date: _____ Action: _____

_____

B. Date: _____ Action: _____

_____

Name and Title of Person(s) Responsible: _____

5. Why do you believe these actions were discriminatory? Use additional pages if needed.

_____

_____

6. What reason(s) were given to you for the acts you consider discriminatory? By Whom? His or Her Job Title?

_____

_____

7. Describe who was in the same or similar situations as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional pages if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title/ Description of Treatment

A. _____

_____

B. _____

_____

8. Are there any witnesses to the alleged discrimination incidents? If yes, please identify then below. (use additional pages if needed)

Full Name Job Title Address & Phone Number

A. _____

_____

B. _____

_____

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of employment discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. **If you do not file a charge of discrimination within the time limits, you would lose your right. If you would like more information before filing a charge or you have concerns about RHRC's notifying the employer, union, or employment agency about your charge, you may wish to check box 1. If you want to file a charge, you should check box 2.**

BOX 1 ☐ I want to talk to an RHRC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with RHRC**. I also understand that I could lose my right if I do not file a charge in time.**

BOX 2 ☐ I want to file a charge of discrimination, and I authorize the RHRC to look into the discrimination I described above**. I understand that the RHRC must give the employer, union or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the RHRC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, or retaliation for opposing discrimination**.

_____ _____

Signature Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public law 93-579. Authority for requesting personal data and the uses there of are:

1) **FORM NUMBER/TITLE/DATE.** HRC intake questionnaire (9/20/08).
2) **AUTHORITY**. 42 U.S.C € 2000e-5(b), 29 U.S.C. € 211, 29 U.S.C € 626. 42 U.S.C. 12117(a)
3) **PRINCIPAL PURPOSE**. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the RHRC has jurisdiction over those claims, and provide charge filing counseling, as appropriate consistent with 29 CFR 1626.8(c).
4) **ROUTINE USES**. RHRC may disclose information form to alter state, local and federal agencies as appropriate or necessary to carry out the commissions functions, or if RHRC becomes aware of civil or criminal law violation. HRC may also disclose information to residents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters
5) **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT INDIVIDUAL FOR NOT PROVIDING INFORMATION**. Providing this information is violator but the failure to do so may hamper the commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

Have you filed a complaint about the harm you are alleging with one of the following agencies?

The Pennsylvania Human Relations Commission

The Philadelphia Commission on Human Relations

The Equal Employment Opportunity Commission (EEOC)

_____ Yes, if so approximate date _____

_____ No

Do you have an appointment for an interview with one of the above agencies?

_____ Yes, Date of scheduled interview: _____

_____ No

If yes to either question, with which agency? _____

If you fail to inform RHRC and we are notified by one of the above agencies that you have filed a charge with it, a delay or dismissal in the processing of your RHRC charge can result.

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the number of the question that is being answered before each response below.