

Please complete the form, save it to your computer and return it by mail, email, fax, or in person.

**OMAHA HUMAN RIGHTS AND RELATIONS DEPARTMENT
Employment Discrimination Complaint Intake Form**

How did you find out about the Human Rights and Relations Department?

- Radio Newspaper Relative Flyer T.V. Friend
 Other _____

Do you believe you were discriminated against for any of the following reasons? Check all that apply.

- Race/Color Creed/Religion Sex Disability Retaliation
 Age Marital Status National Origin Identify: _____
 Gender Identity Sexual Orientation

Instructions:

Please fill out this complaint form to the best of your ability. The Department will need specific information to determine if your claim can be processed as a charge and to investigate the charge if it is accepted. Someone from the Department will contact you after your form has been received.

YOUR PERSONAL INFORMATION:

1. Name _____ Work Phone # _____
Street Address _____ Home Phone # _____
City _____ State _____ Zip Code _____
Race _____ Gender _____ Birthdate _____

2. Name, address, phone number of person who will know how to contact you.

3. _____
Most recent date on which the discrimination occurred: (MM/DD/YYYY)

4. _____
Have you filed this complaint with any other agency? If so, which one and on what date?

5. _____
EMPLOYMENT HISTORY: (Show all periods of employment and unemployment within the past 5 years).

Month & Year From To	Name and Address of Employer	Type of Work	Monthly Salary	Reason for Leaving

RESPONDENT INFORMATION: (The agency, company, etc., that you are complaining against.)

1. Name of Respondent _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

2. Within City Limits Yes No

3. Total number of employees in Respondent's workforce? _____

***** If you applied for a position and were denied hire, skip to the "FAILURE TO HIRE" section.**

Date you were hired _____ Position hired for _____

Beginning salary _____ Are/Were you a Probationary Employee? Yes No

What are/were your job duties?

What reasons were given for the action taken against you?

Were you given any warnings/reprimands? If yes, please list dates.

Who perform(s)/(ed) the same duties as you, and was treated differently?

WITNESSES

List the individuals who saw or heard what happened to you?

Name	Title	Address	Phone Number

FAILURE TO HIRE

What Position did you apply for?		Date applied?
Did you submit a formal application and/or resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you interviewed for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?
Interviewer's Job Title		Date of Interview
What were the duties of the position?		
Were you required to take any tests? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate the type of test taken	
How did you find out the position was available? <input type="checkbox"/> Radio <input type="checkbox"/> T.V. <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other		
What education and work experience is required for this position?		
What reason(s) were given to you for not being hired?		
Who obtained the position?	Race	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
		Age