



PAWNEE NATION TERO OFFICE

EMPLOYMENT

DISCRIMINATION COMPLAINT

You must complete this Complaint form and the accompanying Intake Questionnaire and return both documents to the address, email or fax number listed below within 180 days of the last incident of employment discrimination, harassment or retaliation. Pursuant to Oklahoma law, a copy of the Complaint will be sent to the employer. The Intake Questionnaire is for PNTERO use only and will remain confidential during the investigation. Federal law prohibits employers from engaging in retaliation against individuals who exercise their right to file a complaint.

GENERAL INFORMATION	
YOUR INFORMATION:	EMPLOYER INFORMATION:
Full Name:	Employer Name:
Street Address:	Street Address (<u>where you actually worked</u>):
City, State, Zip Code:	City, State, Zip Code:
EMPLOYMENT DISCRIMINATION BASIS	
I have been discriminated against because of my (check all that apply):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Pregnancy <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Genetic Information	
<input type="checkbox"/> Retaliation	Did the discrimination include unwelcome and/or offensive harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the discrimination include sexual harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date (month, day, and year) when the <u>last</u> incident of discrimination, harassment, or retaliation occurred: _____	
Full name and job title of each person involved in the discrimination, harassment, or retaliation: _____ _____	

I swear and affirm that the foregoing information is true to the best of my knowledge, information, and belief.

Complainant's Signature

Date



PAWNEE NATION TERO OFFICE

EMPLOYMENT DISCRIMINATION INTAKE QUESTIONNAIRE

To facilitate the evaluation and investigation of your Complaint, you must answer all of the questions below completely. You may attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, please write "N/A." PLEASE PRINT CLEARLY.

THIS INTAKE QUESTIONNAIRE WILL NOT BE SENT TO THE EMPLOYER.

1. Additional Personal Information

Phone Numbers: Home: (____) _____ Work: (____) _____

Cell: (____) _____ Email Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female Do You Have a Disability? ☐ Yes ☐ No

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 (country 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 Code: _____

Home Phone: (____) _____ Other 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 Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Type of Business: _____ Job Location if different from Org. Address: _____

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

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. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☐ No

Date Hired: _____ Job Title At Hire: _____

Pay Rate When Hired: _____ Last or Current Pay Rate: _____

Job Title at Time of Alleged Discrimination: _____ Date Quit/Discharged: _____

Name and Title of Immediate Supervisor: _____

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. 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 you 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 ☐ Religion ☐ Sex ☐ Pregnancy ☐ Age ☐ Disability ☐ National Origin ☐ Retaliation ☐ Color (typically a difference in skin shade within the same race). If you checked color, religion or national origin, please specify the color, religion, and/or national origin: _____

☐ Genetic Information—also check the type(s) involved: ☐ Genetic Testing ☐ Genetic Services ☐ Family medical history.

If you checked genetic information, when did the employer receive the genetic information? _____

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

5. 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. Please attach additional pages if needed.

(Example: 10/02/06 – Discharged by Mr. John Soto, Production Supervisor)

A. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

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

8. Describe who was in the same situation 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, and 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 sheets if needed.

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

<u>Full Name</u>	<u>Race, sex, age, national origin, religion or disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
A.			
B.			

Of the persons in the same situation as you, who was treated worse than you?

<u>Full Name</u>	<u>Race, sex, age, national origin, religion or disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
A.			
B.			

Of the persons in the same situation as you, who was treated the same as you?

<u>Full Name</u>	<u>Race, sex, age, national origin, religion or disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
A.			
B.			

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability
☐ I do not have a disability now but I did have one
☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

- ☐ Yes ☐ No If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability? ☐ Yes ☐ No

If "No," please explain why not: _____

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person): _____

Describe the changes or assistance that you asked for: _____

How did your employer respond to your request? _____

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
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A. _____

B. _____

C. _____

D. _____

14. What other evidence do you have (check all that apply)? ☐ Email ☐ Text Messages ☐ Notes ☐ Audio Recordings
☐ Video Recordings ☐ Journal, Diary, or Calendar Entries ☐ Social Media Posts ☐ Other (list and describe: _____)

15. Have you filed a charge of discrimination on this matter with the EEOC or another agency? ☐ Yes ☐ No

16. If you filed a charge or complaint with another agency, provide the name of agency and the date of filing:

17. Have you sought help about this situation from a union or any other source? ☐ Yes ☐ No

Provide name of organization, name of person you spoke with, and date of contact. Results, if any?

18. Have you filed a claim for unemployment benefits with the Oklahoma Employment Security Commission?

☐ Yes ☐ No

19. Have you retained your own attorney to help you with this matter? ☐ Yes ☐ No If "Yes," please give the name and contact information:

I swear that the information set forth above is true and correct to the best of my knowledge, information, and belief:

Complainant's Signature

Date