

## EMPLOYMENT PRE-COMPLAINT BACKGROUND FORM

Please do your best to provide complete answers to each of the following questions. If a question does not apply to your situation, mark that question as n/a or not applicable.

**NOTICE: THIS IS NOT A CONFIDENTIAL DOCUMENT.** A copy of this questionnaire, containing your answers and any statements and attachments you provide, may be released to anyone who submits a proper request, including the responding employer. **Do not attach documents, such as medical records, to this form.**

Today's Date: \_\_\_\_\_

### Your Contact Information

*It is important that the Commission be able to reach you. If your contact information changes, please let the Commission know immediately.*

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cellular) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ National Origin \_\_\_\_\_  
The best time to call me is: mornings \_\_\_\_\_ afternoons \_\_\_\_\_. The best number to call is \_\_\_\_\_.

### Your Emergency Contact Information

Please provide contact information for a family member or friend, **who does not share your address or telephone number(s)**, and who can reach you or get a message to you if the Commission is unable to contact you.

Name \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cellular) \_\_\_\_\_

### Your Legal Representation

You do not need an attorney to file a complaint. However, if you are represented by a lawyer, please provide the attorney's contact information and ask your lawyer to submit a written notice of representation.

Lawyer Name \_\_\_\_\_  
Law Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

### Other Complaints You Have Filed

Have you filed **this same complaint or charge** with EEOC ? Yes \_\_\_\_\_ No \_\_\_\_\_  
in state or federal court? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed **any complaint** here before?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Approximate date(s) you filed \_\_\_\_\_  
Docket Number(s) \_\_\_\_\_  
Who did you file against? \_\_\_\_\_

**STATE OF WEST VIRGINIA  
HUMAN RIGHTS COMMISSION**

1321 Plaza East, Room 108-A, Charleston, WV 25301-1400  
TELEPHONE: (304) 558-2616 FAX: (304) 558-0085 TTY: (304) 558-2976  
TOLL FREE: (888) 676-5546 [www.wvf.state.wv.us/wvhrc](http://www.wvf.state.wv.us/wvhrc)

**IMPORTANT NOTICE:** Completing and returning this form **DOES NOT** mean you have filed a complaint. Additional steps must be taken to file a formal complaint with the HRC. It is vital that you submit this form well before the 365 day deadline to ensure that your complaint is completed on time. **If you are submitting this form within one month of your 365 day filing deadline, please call the West Virginia Human Rights Commission for further instructions.**

**Who Is Your Complaint Against?**

The entity you charge with discrimination is called the **Respondent**.

My complaint is against:

An Employer     An Employment Agency     A Labor Organization     Other

Please provide the following information for the entity against whom you want to file your complaint. If the company's headquarters is located in another state, provide the local West Virginia address and phone number. Please do your best to provide the full legal name of the company or entity you are charging with discrimination. (One place where you might find the full legal name is on a pay stub.)

Full Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**If you are complaining about an employer**

Is the employer:  
 state/local government or  
 a company or sole proprietorship

If you are complaining about a company or sole proprietorship, does the employer have 12 or more employees? Yes  No  Unknown

Please list the number or approximate number of persons employed by this employer:  
in West Virginia? \_\_\_\_\_ in the U.S.? \_\_\_\_\_

If you work/have worked for this employer, please provide your start date, job title at the time discrimination occurred and end date of employment (if you are no longer there).

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title/Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are complaining about a labor organization**

Were/are you a member of the labor organization?  
Yes  No

Date you first joined? \_\_\_\_\_

Are you currently a member? Yes  No

Date membership expired/ended \_\_\_\_\_

What is the Local designation number? \_\_\_\_\_

If you have/had a Union Representative, please provide his/her name and contact information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**STATE OF WEST VIRGINIA  
HUMAN RIGHTS COMMISSION**

1321 Plaza East, Room 108-A, Charleston, WV 25301-1400  
TELEPHONE: (304) 558-2616 FAX: (304) 558-0085 TTY: (304) 558-2976  
TOLL FREE: (888) 676-5546 [www.wvf.state.wv.us/wvhrc](http://www.wvf.state.wv.us/wvhrc)

**What Happened?**

Please **check** each type of harm that applies to your situation and provide the **date(s)** upon which the alleged unfair treatment occurred.

✓	Type of Harm	Date(s) of Harm
	Failure to Hire/Promote	
	Failure to Reinstatement/Rehire/Recall	
	Failure to Accommodate	
	Unequal Discipline/Suspension	
	Demotion	
	Unequal Pay or Benefit	
	Cut in Pay or Hours	
	Sexual Harassment	
	Hostile Work Environment (only if motivated by Sex, Race, Color, Age, National Origin, Ancestry, Religion and/or Disability)	
	Forced Maternity Leave	
	Forced Resignation	
	Discharge/Termination/Lay-off	
	Other	

If you claim you were racially or sexually harassed, were you harassed by

- \_\_\_ a co-worker
- \_\_\_ a manager
- \_\_\_ a boss
- \_\_\_ other (describe \_\_\_\_\_)

For each person whom you claim harassed you, please provide his or her name, job title and address, if known.

Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Alleged Unlawful Bias**

What do you believe motivated your unfair treatment? **ONLY** check the factors that you believe **actually** apply to your situation.

- \_\_\_ Race
- \_\_\_ Color
- \_\_\_ Sex
- \_\_\_ Pregnancy
- \_\_\_ Age (40 or older)
- \_\_\_ Ancestry
- \_\_\_ National Origin
- \_\_\_ Religion
- \_\_\_ Disability/Blindness
- \_\_\_ Retaliation for opposing unlawful discrimination

If you believe your unfair treatment was motivated by **disability** discrimination, please provide the following information:

- Check all that apply:
- \_\_\_ I have a disability.
  - \_\_\_ I had a disability in the past.
  - \_\_\_ I do not have a disability, but the employer treats/treated me as if I do have a disability or regards me as disabled.

My disability is: \_\_\_\_\_

If you believe your unfair treatment was motivated by your **color**, please describe your color. \_\_\_\_\_

If you believe your unfair treatment was motivated by your **ancestry**, please identify your ancestry. \_\_\_\_\_

If you believe your unfair treatment was motivated by your **religion**, please identify your religious affiliation, if any. \_\_\_\_\_

If you believe your unfair treatment was motivated by **retaliation** for your efforts to oppose unlawful discrimination, please provide the following information. Was your unfair treatment motivated by:

- a. having previously assisted the Commission in an investigation? Yes \_\_\_ No \_\_\_
- b. having complained to your employer about unlawful discrimination? Yes \_\_\_ No \_\_\_
- c. having filed a previous complaint with the Commission? Yes \_\_\_ No \_\_\_

