

Corporate Address: _____

City: _____ State: _____

Zip: _____ Telephone: (____) _____

Approximate # of Employees: _____ Type of Business: _____

Name & Title of Chief Executive Officer (i.e. President):

Name & Title of Supervisor:

Date of Hire: _____ Job at Time of Hire: _____

Last Position with Employer _____ Salary: \$ _____

What specific action did employer take against you (i.e. fired, refusal to hire, denied promotion, harassment, lowered wage, denied benefit, refused disability accommodation):

What is the most recent date of the action taken against you:

Who took this action against you (that person's name, title, and your employment relationship)?

What reasons, if any, did the employer give for taking any action against you (e.g., poor performance)?

If you believe your employer **discriminated** against you, which of the following best describes why you believe you were discriminated against?

- | | | |
|----------------|-----------------------|------------------|
| _____ Race | _____ Color | _____ Disability |
| _____ Religion | _____ National Origin | _____ Age |
| _____ Sex | _____ Retaliation | _____ Other |

If you believe you have been discriminated against based on a disability, please identify your physical or mental impairment and describe how your impairment affects your major life activities.

