

**EMPLOYMENT INITIAL INQUIRY QUESTIONNAIRE**

**This form DOES NOT represent a charge of discrimination.**

In order to file a discrimination charge in the State of Nebraska, please complete and return this form to the NEOC. Upon receipt of this form, an Intake Investigator will contact you to schedule an interview. After the scheduled interview, the Intake Investigator will then draft a charge of discrimination, which will be mailed to you. In order to formally file the charge, it will need to be signed and dated in front of a notary and returned to the NEOC. A charge can only be investigated after the signed, notarized charge is received by the NEOC.

Complete all portions of this document. Type or Print only. **DO NOT** write on the back of any page in this form.

If you need accommodation to fill out this form please contact the NEOC's intake unit via phone or email

**Personal Information**

Last Name:		First Name:		MI:		Suffix:	
Street or Mailing Address:					Unit/apt. #		
City:		State:		Zip:		County:	
Cell Phone:			Home Phone:			Work Phone:	
E-mail Address:							
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please answer each question:

Are you Hispanic or Latino?  Yes  No

What is your Race? Please choose all that apply:

- American Indian or Alaska Native     Asian     White     Black or African American  
 Native Hawaiian or other Pacific Islander

What is your National Origin (country of origin/ancestry/ethnicity)?

How did you hear about the NEOC? (Website, Attorney, Internet, media, etc.)

**Alternate Contact Information** (Please provide a contact person with a different contact number than you)

Last Name:		First Name:	
Cell Phone:		Home Phone:	
Relationship to you:			

## Representation Information:

Have you hired an attorney who will represent you during the investigation?  Yes  No

If yes, please include a letter of representation from the attorney with this form.

**Note: You do not need to hire an attorney to file a charge with this agency.**

## Employer/Organization Information (please provide the address where you actually worked or applied.

If you work from home, check here  and provide the address of the office to which you reported).

Organization Name:			
Street or Mailing Address:			
City:	State	Zip	County
Type of Business:		Phone:	
Human Resources Director or Owner Name:			

## Your Employment Data (complete as many items as you can)

Date Hired:	Job Title / Position:
Pay Rate when Hired:	Last or Current Pay Rate:
Date Quit/Terminated:	Name/Title of Immediate Supervisor:

## Jurisdictional Information

1. Your complaint is about:

- |  |  |
|--|--|
| <input type="checkbox"/> a job application (position sought) | <input type="checkbox"/> a job you currently have    |
| <input type="checkbox"/> a job you formerly held             | <input type="checkbox"/> a union that represents you |
| <input type="checkbox"/> an employment/referral service      | <input type="checkbox"/> not job related             |

2. The organization you are complaining about is:

- Non-government (business employer, union, employment agency, other)  
 State or Local (city, county) government employer  
 Federal Government Employer

3. Did the acts of discrimination take place in the State of Nebraska?  Yes  No

4. Did the acts of discrimination occur on a federal reservation or military post?  Yes  No

5. Are/were you an Independent Contractor with the organization, company, agency, etc.?

- Yes  No  Unknown

6. How many employees does the organization have? Count all employees at all locations:

- Between 1-14  Between 15-19  20 or more  Unknown

7. When did the first act of discrimination occur?

When did the most recent act of discrimination occur?

8. Have you already filed a complaint regarding this matter?  Yes  No

Provide the name of agency and the date of filing:



In the state of Nebraska, an individual has a maximum of 300 days from the act of employment discrimination to file a charge with the NEOC. If you are close to the 300th day, please **STOP** filling out this form, and call our office at **800-642-6112** or **(402) 471-2024**.

**In order to file a charge of discrimination, you must state the discrimination occurred due to at least one of the following (select all that apply):**

**Bases of Discrimination:**

- Age (if you are 40 years of age or older)
- Race
- Color
- National Origin (includes country of origin, ethnicity, and accent)
- Religion (please specify \_\_\_\_\_)
- Sex (includes sexual harassment)
- Sexual Orientation/Gender Identity
- Pregnancy
- Marital Status (includes single or married status)
- Disability (please select all that apply):
  - I am a person with a disability
  - I do not currently have a disability, but I had one in the past
  - I do not have a disability, but my employer treats me as if I have a disability
  - I do not have a disability, but I am associated with someone with a disability

What is the disability/disabilities you believe is the reason for the adverse action taken against you?

Please list all that apply:

- Retaliation (select all that apply)
  - I complained about discrimination to my employer based on a protected basis, and an action was taken against me.
  - I filed a charge of discrimination or participated as a witness in a discrimination investigation, and an action was taken against me.
  - I reported illegal activity on the part of my employer or I refused to participate in illegal activity on the part of my employer, and an action was taken against me.
  - I discussed my wages, benefit or other compensation.
- None of the above

**Acts of Discrimination:** In order to file a charge of discrimination, in addition to a basis, you need a harm connected to that basis.

What occurred that you feel is discrimination? Please check all that apply, and indicate when the action occurred.

<b>ACTION</b>	<b>First Date</b>	<b>Last Date</b>
<input type="checkbox"/> Refused to hire		
<input type="checkbox"/> Terminated / laid off		
<input type="checkbox"/> Demoted		
<input type="checkbox"/> Disciplined		
<input type="checkbox"/> Suspended		
<input type="checkbox"/> Sexually harassed		
<input type="checkbox"/> Harassed or intimidated		
<input type="checkbox"/> Denied training		
<input type="checkbox"/> Denied promotion		
<input type="checkbox"/> Denied leave time or other benefits		
<input type="checkbox"/> Paid lower wages than other workers with same title		
<input type="checkbox"/> Received different or worse job duties than other workers in same title		
<input type="checkbox"/> Denied an accommodation for disability or pregnancy		
<input type="checkbox"/> Denied an accommodation for religious practices		
<input type="checkbox"/> Received a negative performance evaluation		
<input type="checkbox"/> Forced to resign because of discriminatory treatment		
<input type="checkbox"/> Other:		

If an appointment is scheduled, be prepared to provide details at your interview about what happened including dates, names of individuals involved, and names of individuals treated differently, if any.

Please submit your completed form in one of the following ways:

**Nebraska Equal Opportunity Commission**  
**P.O. Box 94934**  
**301 Centennial Mall, 5<sup>th</sup> Floor**  
**Lincoln, NE 68509-4934**

**Fax:** (402) 471-4059

**Email:** [neoc.intake@nebraska.gov](mailto:neoc.intake@nebraska.gov)

Upon receipt of your completed form, you will be contacted during business hours via telephone by our Intake unit to schedule an interview.

To expedite the initial process, please provide us with a copy of your W2 or pay stub, either with this form or at the time of the interview.

If you have any questions regarding our process, you can contact our office at:  
(402) 471-2024 or (800) 642-6112