

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE/AFFIDAVIT

NORTH DAKOTA DEPARTMENT OF LABOR AND HUMAN RIGHTS

SFN 14543 (11-2021)

Name (First, Last)		Home Telephone Number	Cell Phone Number	
Address		City		State ZIP Code
Email Address				
Consent to Receiving Correspondence Exclusively at this Email Address <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Alternate Contact			Alternate Contact Telephone Number	

Reason You Were Discriminated Against: (Check ALL that apply)

<input type="checkbox"/> Age - Date of Birth: _____	<input type="checkbox"/> Race - Specify: _____
<input type="checkbox"/> Color - Specify: _____	<input type="checkbox"/> Religion - Specify: _____
<input type="checkbox"/> Disability	<input type="checkbox"/> Retaliation: You have filed a charge in the past, testified, or opposed discrimination at work
<input type="checkbox"/> Lawful Activity: Off the employer's premises during non-working hours and not in direct conflict with essential business-related interests of employer	<input type="checkbox"/> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Identity
<input type="checkbox"/> Marital Status - Check one: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single	<input type="checkbox"/> Sex Stereotyping <input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> National Origin - Specify: _____	<input type="checkbox"/> Sex/Pregnancy
	<input type="checkbox"/> Status with regard to Public Assistance

Acts of Discrimination Were Related To: (Check ALL that apply)

<input type="checkbox"/> Constructive Discharge (Forced to Resign)	<input type="checkbox"/> Harassment	<input type="checkbox"/> Released Confidential Medical Information
<input type="checkbox"/> Demotion	<input type="checkbox"/> Hostile Environment	<input type="checkbox"/> Religious Accommodations
<input type="checkbox"/> Discharge	<input type="checkbox"/> Pay/Compensation	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Failure to Hire	<input type="checkbox"/> Racial Harassment	<input type="checkbox"/> Other Terms, Conditions, or Privileges of Employment - Explain Below:
<input type="checkbox"/> Failure to Promote	<input type="checkbox"/> Reasonable Accommodation	
<input type="checkbox"/> Failure to Recall	<input type="checkbox"/> Reduction in Force	

Explain Other Conditions

Name of Company/Organization You Believe Discriminated and/or Retaliated Against You		Telephone Number	
Address		City	State ZIP Code
Name of Contact (Owner, CEO, HR Director, Manager, etc.)		Title	Telephone Number
Name of Immediate Supervisor		Title	
Name of Other Supervisor		Title	
Approximate Number of Employees		Last Date of Discrimination	

PLEASE ATTACH A STATEMENT that describes what happened including: background history, a brief description of your work, how and/or why you feel discriminated against, by whom, when, where. Be sure to include supporting evidence such as witnesses, witness statements, and documents when possible. Please keep your statements relative to the basis of the charge. Be sure to include all dates (day, month, year) and names as accurately as possible. If filing a complaint based on disability, please provide appropriate medical documentation.

Work History with Above Company (Use "N/A" if information is not available or unknown at this time)

Date(s) Applied	Position(s) Applied For		
Date(s) Interviewed	Name and Title of Individuals Who Interviewed You		
Date of Employment	Name and Title of Individuals Who Hired You		
Position When Hired	Rate of Pay	Per Period of Work <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year	Estimated Monthly Salary
Current Position (If Still Employed)	Rate of Pay	Per Period of Work <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year	Estimated Monthly Salary
Last Position Held (If Not Employed)	Rate of Pay	Per Period of Work <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year	Estimated Monthly Salary

Explain the reason(s) given by the company for their employment action(s) taken against you. Include names and dates when appropriate.

List Any Employees Who Were Treated Differently Than You - Attach additional sheets if necessary

Name	Title	Name	Title

Question	No	Yes	NA	Date	Explain "Yes" Answers - Attach additional sheets if necessary
Did you ever complain to your boss or the company about discriminatory acts against you by anyone on the job?					
Are you covered by a union or collective bargaining agreement?					
Did you complain to a union about discriminatory acts?					
If the company has a grievance procedure/policy, did you file a grievance? If so, when?					
Have you filed a charge of discrimination with another agency? If so, with whom?					

List Witnesses Who Can Support Your Allegations - Attach additional sheets if necessary

Name	Work Relationship	Address	Telephone Number

Describe Remedies You Are Seeking for Relief in this Charge (What it would take to resolve the issue(s) you are alleging)

By typing my name here, I certify that the information I have provided above is true and complete to the best of my knowledge and belief, and I adopt this as my online signature. This complaint form and accompanying statements must be signed in order to process a charge of discrimination.

I declare under the penalty of perjury that the foregoing is true and correct.

Signature	Date Signed
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RETURN TO: labor@nd.gov

North Dakota Department of Labor and Human Rights
600 E Boulevard Ave Dept 406
Bismarck ND 58505-0340

701-328-2660 Fax: 701-328-2031
ND Toll-Free: 1-800-582-8032
TTY: 1-800-366-6888
www.nd.gov/labor

NOTICE: Anything you submit to us in paper will be scanned to an electronic version and the original destroyed.