

EMPLOYMENT INTAKE QUESTIONNAIRE INSTRUCTIONS

INTAKE ACKNOWLEDGMENTS

Please read the statements in this section carefully and mark to indicate your acknowledgement. These acknowledgments must be completed for a questionnaire to be accepted and a complaint to be processed.

PART 1: COMPLAINANT INFORMATION

This section is to provide the Human Relations Commission with necessary identifying and contact information. Fields marked with red asterisks are required.

Note: You are not required to have an attorney to file a discrimination complaint with the Sioux Falls Human Relations Commission. The Commission cannot provide you with legal representation or legal advice. You are welcome to obtain legal representation or seek legal advice from an attorney at any time during the complaint process.

PART 2: DISCRIMINATION INFORMATION

This section is to explain to the Human Relations Commission the reason you believe you were discriminated against. Discrimination is the unfair or unequal treatment of an individual because of a personal characteristic as described in Chapter 98 of the Code of Ordinances of the City of Sioux Falls.

Note: Not all unfair, disrespectful, unprofessional, or inconsiderate behavior meets the legal threshold for unlawful discrimination. A charge of unlawful discrimination requires a negative or unfair action or practice to have occurred because of an individual's membership in a protected class.

BASIS

The Commission processes complaints in which discrimination has allegedly occurred because of one or more of the following:

- Ancestry
- Age (prohibited under federal law)
- Color
- Creed
- Disability
- National Origin
- Race
- Religion
- Sex (includes gender identity or sexual orientation pursuant to EEOC guidance and case law)

Note: If you believe you were treated differently for a reason other than what is listed above, the Commission would not have jurisdiction over your matter. Failure to identify a protected basis for the alleged discriminatory act will result in an inquiry being screened out due to a lack of jurisdiction. If you believe you were treated differently because of your age, this form can be used to initiate an intake with the Equal Employment Opportunity Commission (EEOC).

RETALIATION

“Retaliation” is when an employer takes an adverse action against you because you engaged in a **protected activity**. **Protected activities** include complaining of discriminatory harassment, reporting unlawful discrimination, or participating in a discrimination proceeding based on your or another

person's membership in a protected class. Protected activity does **not** include general, non-discrimination related complaints about the work environment, supervisory practices, compensation, benefits, or other such matters.

If you are alleging retaliation, please remember to describe in Part 4 the protected activity in which you engaged and the action that was taken against you as a result. A complaint alleging retaliation must meet the above-described criteria to be filed.

ADVERSE ACTION

Note: The Sioux Falls Human Relations Commission only has jurisdiction over events that have occurred within the last 180 days. If your claims are outside of this window, your complaint will be transferred to the EEOC.

PART 3: RESPONDENT INFORMATION

This section is to provide the Human Relations Commission with information on the person or organization you are alleging has discriminated against you. This person/organization will receive a copy of your formal complaint when filed.

Note: If you are filing against more than one organization, you will need to file a separate complaint for each organization.

NAMES OF PERSON(S) WHO DISCRIMINATED AGAINST YOU

This section asks you to identify the specific individual(s) who was involved in the discriminatory acts. Provide the full legal name and contact information for the individual(s) who discriminated against you.

If you are alleging **harassment**, please list the name(s) and position(s) of the individual(s) who harassed you, as well as the dates and locations of the harassment. Unlawful **harassment** includes sexual and non-sexual harassment. Non-sexual harassment allegations most often lead to a hostile work environment claim. **Hostile work environment** refers to unwelcome conduct that is sufficiently pervasive or severe that it substantially alters the conditions of employment because of a protected characteristic.

PART 4: ALLEGATIONS

This section asks you to provide information about your allegations of discrimination by the organization and/or individuals you are filing against. If you have any documents or correspondence between yourself and the person you are filing against that may support the claims you allege in this section, you may provide copies to our office.

SUMMARY OF ALLEGATIONS

These questions aim to understand the circumstances around your claim and establish a connection between your protected class and the adverse action taken against you. The information provided in this section will form the basic claims within a formal complaint if filed.

Please be sure to address each adverse action identified in Part 3 and ensure that your responses reflect the protected class(es) you previously identified as being the reason you were discriminated against in Part 3.

WITNESSES

This section asks for information on any individuals who could support your claim during a potential investigation. Please provide the name and contact information of any potential witnesses as well as what information they could provide the Commission.

REASON(S) FOR ACTIONS STATED BY RESPONDENT

If the Respondent gave you a non-discriminatory reason or explanation for the discriminatory actions you are claiming, please describe them in this section.

PART 5: FILING INFORMATION

Because the Sioux Falls Human Relations Commission shares jurisdiction over certain areas with other government agencies, it is important for you to provide any information on claims that have already been filed elsewhere to ensure efficient processing.

RELIEF

The Human Relations Commission has limited authority to grant relief under Chapter 98. The goal of the Commission is to make any person who has suffered discrimination “whole”. Making whole means to put the person who has been discriminated against in the position they would have been had the discrimination not occurred. This may include compensatory damages such as repayment of out-of-pocket expenses caused by the discrimination. The Commission does not have the authority to award punitive or emotional damages for pain and suffering.

If both parties agree, the Human Relations Office supports and facilitates mediation to reach an informal resolution to the dispute as an alternative to the investigative fact-finding and decision-making process.

PART 6: VERIFICATION

Important:

Your signature on the complaint form is required. The complaint will not be processed until a signature is provided.

SIoux FALLS HUMAN RELATIONS COMMISSION

INTAKE QUESTIONNAIRE: EMPLOYMENT

PLEASE READ: This form is **not** an official complaint. This form is used to obtain information **prior** to the complaint process that will help determine whether the Human Relations Commission has jurisdiction over your matter. If an official complaint is filed, the organization/person identified as the Respondent on this form will be served with a copy of your official complaint.

The Employment Intake Questionnaire Instructions are provided to assist you in completing this form and contain important information for you to consider as you answer the questions.

It is important that you fill out this form as completely and truthfully as possible. Any false statements or failure to disclose information may be detrimental to your case and may result in an adverse finding.

Submit Completed Intake Questionnaire to:

City of Sioux Falls Human Relations
224 W. Ninth St.
Sioux Falls, SD 57104
Fax: 605-367-8858
Questions? Call us at: 605-367-8745
<https://www.siouxfalls.org/relations>

INTAKE ACKNOWLEDGMENTS:

To file, you must mark “Yes” to indicate that you acknowledge the following:

I am the “Charging Party” and I understand I carry the initial burden of proof.

Yes No

I understand information I submit may be shared with the person/organization who I am alleging discriminated against me.

Yes No

I understand the information I submit must be complete and I must provide sufficient information for the Commission to pursue my charge, and my failure to provide the requested information may result in the rejection of this form.

Yes No

I agree to keep the Commission apprised of my up-to-date contact information, to cooperate fully with any investigation, and to promptly respond to Commission inquiries and requests.

Yes No

I understand I am providing information to the Commission to determine if I have met the requirements for filing a charge, and the act of submitting this information does not guarantee a case will be opened.

Yes No

I have read the Employment Intake Questionnaire Instructions and understand the process and what is expected with completing this Intake Questionnaire.

Yes No

PART 1: COMPLAINANT INFORMATION

Please print. **Asterisks (*) indicate required fields.**

Name: (First, Middle, Last)*		Date of Birth: (MM/DD/YYYY)	
Current Address: (Number and Street)*		Apartment Number:	
City: *	State: *	Zip Code: *	County:
Phone Number: *		Alternate Phone Number:	
Email Address:		Preferred Contact Method: *	
		<input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail	
Person to Contact if You Cannot Be Reached:		Contact Person's Phone Number:	
Are you represented by an attorney?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following. Please note that you are not required to be represented by an attorney. You may, however, seek representation at any time.			
Name of Attorney:		Attorney Address:	
Firm:		Attorney Phone:	

PART 2: DISCRIMINATION INFORMATION

Check the category that describes the basis for your claim of discrimination, or the reason you feel you were discriminated against. For each category you select, please indicate how you identify within that category.

NOTE: If none of the following apply, please stop here.

BASIS

- Ancestry** _____
- Age** _____
- Color** _____
- Creed** _____
- Disability** (physical or mental) _____
- National Origin** _____
- Race** _____
- Religion** _____
- Sex** _____

RETALIATION

Do you believe you were retaliated against because you reported discrimination to someone within the organization, filed a complaint with the Commission, or participated as a witness in an anti-discrimination agency proceeding?

Yes No

If yes, what did you report or complain about, and to whom?

State what happened to you as a result of your report or complaint.

ADVERSE ACTION

What did the person you are complaining against do *because of your membership in a protected class* as identified in Part 3? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Failure to hire | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Fired/Constructive Discharge |
| <input type="checkbox"/> Denied promotion | <input type="checkbox"/> Denied equal wages |
| <input type="checkbox"/> Denied benefits | <input type="checkbox"/> Pregnancy discrimination |
| <input type="checkbox"/> Disciplined | <input type="checkbox"/> Treated differently than similarly situated employees |
| <input type="checkbox"/> Changed terms or conditions of employment | <input type="checkbox"/> Denied reasonable accommodation |
| <input type="checkbox"/> Harassment (Sexual) | <input type="checkbox"/> Involuntary transfer |
| <input type="checkbox"/> Harassment (Non-Sexual) | <input type="checkbox"/> Other (Specify): _____ |

PART 3: RESPONDENT INFORMATION

Please print.

ADDRESS WHERE ALLEGED DISCRIMINATION TOOK PLACE:

Address:	City:	State:	Zip Code:
Contact Person (owner, manager, official):	Phone Number:		
Number of employees at the organization at all locations:			
<input type="checkbox"/> Fewer than 15 <input type="checkbox"/> 15 to 100 <input type="checkbox"/> 101 to 200 <input type="checkbox"/> 201 to 500 <input type="checkbox"/> More than 500			

If Respondent's headquarters are located at an address different than the one listed above, please provide the following information (if known):

Company Headquarters:
Name:
Address:
Phone Number:

NAME OF PERSON(S) WHO DISCRIMINATED AGAINST YOU:

Name(s):

Position/Title:

If you are claiming *harassment*, who harassed you?

Name(s):

Position/Title:

Date of Harassment:

Location:

PART 4: ALLEGATIONS

Please print.

EMPLOYMENT INFORMATION

Date Hired or Date Applied: _____ **Job Title at Hire:** _____

Pay rate when hired: _____ **Last/Current pay rate:** _____

Job Title at Time of Alleged Discrimination: _____

Are you still employed by this organization? Yes No

If No, please indicate date of termination: _____

Name and Title of Immediate Supervisor: _____

SUMMARY OF ALLEGATIONS

Please answer the following questions as they relate to your complaint. (REQUIRED)

1. What happened to you that was discriminatory?

2. When did the first act of discrimination occur (date)? _____

3. When did the most recent act of discrimination occur (date)? _____

4. Why do you think it was based on your protected class (as identified in Part 3)?

5. Are you aware of other individuals who were treated **better** than you under the same or similar circumstances?

Yes **No** If Yes, please indicate the person(s) name, their characteristics, and how they were treated:

6. Are you aware of other individuals who were treated the same as or worse than you under the same or similar circumstances?

Yes **No** If Yes, please indicate the person(s) name, their characteristics, and how they were treated:

7. Did you ever complain of discriminatory treatment?

Yes **No** If Yes, to whom and when?

What was done?

WITNESSES:

List any and all persons who witnessed the discrimination and can provide support to your allegations.

Name of Witness #1:	Phone Number:
What information can this witness provide?:	
Name of Witness #2:	Phone Number:
What information can this witness provide?:	
Name of Witness #3:	Phone Number:
What information can this witness provide?:	

RESPONDENT'S STATED REASONS FOR ACTION(S):

What reason(s) did the Respondent (organization you are filing against) give for the discriminatory actions you are claiming?

For Example: If your employment was terminated, what reasons were given for your termination? Reference any warnings, notices, and communications and the dates they occurred.

PART 5: FILING INFORMATION

Have you filed similar complaints with any other local, state, or federal governmental agency?
(i.e., South Dakota Division of Human Rights or United States Equal Employment Opportunity Commission (EEOC))*

Yes **No**

If Yes, please list the name of the agency and the date of filing:

How did you learn about the Sioux Falls Human Relations Commission?

RELIEF:

What is the minimum relief you would accept to settle this complaint?*

- Not Sure Back Pay/Lost Wages Reinstatement Accommodation
 Seniority Benefits Monetary Compensation
- Other: _____

Would you be willing to participate in mediation to seek an early resolution of your claim as an alternative to the investigative and decision-making process?*

The goal of mediation is to arrive at a reasonable settlement that is acceptable to all parties. The Sioux Falls Human Relations Commission supports mediation and strongly recommends you consider it. If you and Respondent agree to participate in mediation, a trained, professional mediator will be provided at no cost to you. If for some reason mediation does not result in a mutual settlement, your charge will then continue through the administrative process, pursuant to City Ordinance.

- Yes No

PART 6: VERIFICATION

The Sioux Falls Human Relations Commission does not charge any fees for its services. As a government entity, the Commission cannot act as your attorney and cannot endorse or recommend any particular attorney to you.

I certify by checking this box I intend to file a charge of discrimination, and I authorize the Sioux Falls Human Relations Commission to investigate the discrimination described above. **I understand that the Sioux Falls Human Relations Commission must give the Respondent information about the charge, including my name.** I also understand that the Sioux Falls Human Relations Commission can only accept charges of discrimination based on race, age, sex, national origin, religion, color, disability, familial status, creed, ancestry, genetic information, or retaliation.*

I declare and affirm that this information is, to the best of my knowledge, true and correct.

Signature of Complainant*

Date*