CITY OF TAMPA
NEIGHBORHOOD EMPOWERMENT DEPARTMENT/
COMMUNITY AFFAIRS DIVISION

Name (Intake Officer)

EMPLOYMENT INTAKE QUESTIONNAIRE

Please answer the following questions, telling us briefly why you believe you have been discriminated against in employment. After the completed form is received, an officer of the Community Affairs Division will contact you.

NAME: _____ DATE: _____
(First) (Middle Name or initial) (Last)

ADDRESS:_____ TELEPHONE NO.: (Include area code) _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____ DATE OF BIRTH: _____

Please provide the name of an individual at a different address in your local area who would know how to reach you.

NAME: _____ RELATIONSHIP: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

I believe I was discriminated against by: (Check those that apply)

☐ EMPLOYER ☐ UNION (Give Local No.) ☐ EMPLOYMENT AGENCY ☐ OTHER (Specify)

APPROX. NO. EMPLOYED: _____ _____ _____ _____

COMPANY:_____	COMPANY:_____
ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP CODE: _____	CITY, STATE, ZIP CODE: _____
TELEPHONE NO.: _____	TELEPHONE NO.: _____

If you checked "Employer" above, are you now employed by the Employer that you believe discriminated against you?

YES: From _____ (date)	**NO:** I applied for _____ (position)	OR: I was employed as _____ (position)
_____ (current position)	on _____ (date)	until _____. (date) I was _____ (laid off, terminated, etc.)

WHAT WAS THE MOST RECENT DATE YOUR ALLEGED HARM TOOK PLACE? _____

State briefly, what action was taken against you that you believe it to be discriminatory? What harm, if any, was caused to you or others in your work situation as a result of that action? Here are only some examples: Were you terminated, demoted, received unequal pay for equal work, harassed?

Why do you believe this action was taken against you? It is a violation of the law to deny you your employment rights for any of the following bases: race, color, religion, national origin, sex, sexual orientation, gender identity or expression, age, disability, familial status (families with children under 18), or marital status. (If more space is required, attach additional sheets)

Normally, your identity as a Complainant will be disclosed to the organization which allegedly discriminated against you.

Do you ☐ Consent ☐ Not consent to such disclosures?

Have you sought assistance about the action you think was discriminatory from any agency, from your union, an attorney, or from any other source?

☐ No ☐ Yes (If answer is "Yes" complete below)

NAME OF ASSISTANCE SOURCE: _____ DATE: _____

RESULTS IF ANY: _____

Have you filed a complaint about the action you think was discriminatory with any other federal, state, or local government anti-discrimination agency?

☐ No ☐ Yes (If answer is "Yes" complete below)

NAME OF ASSISTANCE SOURCE: _____ DATE: _____

RESULTS IF ANY: _____

Have you filed an EEOC/Employment Charge in the past? ☐ No ☐ Yes (If answer is "Yes" complete below)

APPROXIMATE DATE FILED	ORGANIZATION CHARGED	CHARGE NUMBER (IF KNOWN)

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

SIGNATURE: DATE:

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579.

Filling out and bringing or sending us this questionnaire does not mean that you have filed a charge. This questionnaire will help us look at your situation and determine if you may be covered by the laws we enforce. We recommend that you bring or mail the completed questionnaire to us to discuss your situation or you may fax it to (813) 274-5854. Once we receive the completed questionnaire, someone from our office will contact you by phone or by mail within 30 days. If you do not hear from us in 30 days, please call us at (813) 274-5835. Please be advised that there are time limits to file a charge, generally within 180 days or in some jurisdictions one (1) year of the alleged harm.

Office Mailing Address: 2105 N. Nebraska Avenue, Tampa, FL 33602

If you need an accommodation under the Americans with Disabilities Act to complete the questionnaire, please call (813) 274-5835.