



# City of Spokane

## Employment Intake Questionnaire

### PLEASE NOTE, BEFORE YOU PROCEED:

The City of Spokane has no jurisdiction outside of the Spokane municipal boundaries, Native American tribes, the federal government, claims in which the unfair action took place outside of Washington, claims in which do not state violations of equal opportunity of employment, housing practices or public accommodation and claims that violate state or federal law will be referred to the appropriate state or federal agency.

Mail Form To:

City of Spokane  
Neighborhood & Business Services Division  
808 W. Spokane Falls Blvd.  
Spokane, WA 99201

Answer all questions as completely as possible. Limit attachments to only the requested information pertaining to your claim. You will have the opportunity to provide additional documentation if necessary at a later date.

### 1.) Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_ Apt. or Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_ Do you have a disability? Yes\_\_ No\_\_

What is your race? (*Check all that apply*)

\_\_\_\_ Hispanic \_\_\_\_ Caucasian \_\_\_\_ American Indian \_\_\_\_ Black \_\_\_\_ Native Hawaiian

\_\_\_\_ Latino \_\_\_\_ Alaskan Native \_\_\_\_ African-American \_\_\_\_ Pacific Islander

What is your National Origin (country of origin or ancestry)? \_\_\_\_\_

Do you currently qualify for refugee status as defined by USC § 1101 (a)(4), and SMC 18.01.030(v)?

\_\_\_\_ Yes \_\_\_\_ No

I believe I was discriminated against by the following: (*Check all that apply*)



# City of Spokane

## Employment Intake Questionnaire

Employer     Union     Employment Agency     Labor Organization  
 Vocational, Professional, or Trade Schools     Apprenticeship & Occupational Training Programs  
 Refugee Status  
 Other (*Please specify*) \_\_\_\_\_

If we are unable to contact you, please provide a name of a person **who does not live with you** so we may contact them on your behalf;

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. or Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### 2.) Employer Information

If the organization is an employer, provide the address where you actually worked.

Do you work from home?  Yes     No. If yes, than provide the address of the office to which you are reporting. Please fill out a separate Intake Questionnaire for each Organization involved.

Organization Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 County \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Job Location if Different from Organization's Address \_\_\_\_\_  
 Human Resources Director or Owner Name \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

### 3.) Your Employment Information

Date Hired \_\_\_\_\_ Job Title at Hire \_\_\_\_\_  
 Job Title at Time of Alleged Discrimination: \_\_\_\_\_



# City of Spokane

## Employment Intake Questionnaire

Do you still work for this Employer?  Yes  No

If no, please check;  Quit  Discharged  Laid off Date \_\_\_\_\_

Name & Title of Immediate Supervisor \_\_\_\_\_

If Job Applicant, Date you applied for Job \_\_\_\_\_

Job Title applied for \_\_\_\_\_

### 4.) Complaint Information

What is the reason for your claim of discrimination? *(Check all that apply)*

Age  Creed/Religion  Gender  National Origin  Disability

Sexual Orientation/Gender Identity  Race  Veteran Status  Marital Status

Pregnancy  Retaliation  Refugee Status

If you checked Religion or National Origin or Refugee Status, please specify: \_\_\_\_\_

\_\_\_\_\_

Please describe how you believe you were discriminated against.

Include the date(s) of harm, the action(s) and the names and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

Date: \_\_\_\_\_ Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title of Person(s) Responsible: \_\_\_\_\_

Date: \_\_\_\_\_ Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title of Person(s) Responsible: \_\_\_\_\_

Why do you believe these actions were discriminatory? \_\_\_\_\_

\_\_\_\_\_



# City of Spokane

## Employment Intake Questionnaire

What reason(s) were you given for the acts you consider discriminatory? \_\_\_\_\_

By whom? \_\_\_\_\_ Job Title: \_\_\_\_\_

Have you already filed a complaint in this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide name of agency and date of filing: \_\_\_\_\_

Results? (if any) \_\_\_\_\_

Have you sought help about this situation from anyone? \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide name of organization/person you have contacted for help and date of contact: \_\_\_\_\_

Results? (if any) \_\_\_\_\_

**Answer questions in section 5 only if you are claiming discrimination based on disability.  
It not, skip to the end of the questionnaire.**

### 5.) Discrimination Based on Disability

Are you disabled? (Check all that apply)

\_\_\_\_\_ Yes, I am a person with a disability.

\_\_\_\_\_ I am not a current person with a disability, but I was previously.

\_\_\_\_\_ No disability, but the organization believes I am a person with a disability.

What is the disability? \_\_\_\_\_

Does this disability limit you from doing anything? (Example: lifting, sleeping, breathing, walking, working...etc.) \_\_\_\_\_

Do you use medication, medical equipment of anything else to lessen or eliminate the symptoms of your disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the medications, medical equipment or other assistance you use: \_\_\_\_\_



# City of Spokane

## Employment Intake Questionnaire

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Did you ask your employer for any changes or assistance (reasonable accommodation) to do your job because of your disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when did you ask? \_\_\_\_\_ How did you ask? (*Verbally/Writing*): \_\_\_\_\_

Who did you ask? (*Full name & Job Title*): \_\_\_\_\_

Describe the changes or assistance that you asked for: \_\_\_\_\_

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How did your employer respond to your request? \_\_\_\_\_

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***This is the end of the Employment Intake Questionnaire. Please review all pages before submitting.***

I declare under penalty of perjury under the laws of the State of Washington that I have read the foregoing and that it is true and correct.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date