INTAKE QUESTIONNAIRE

This form is affected by the Privacy Act of 1974; see Privacy Act Statement on page 2 before completing this form

EEOC USE ONLY
Name (Intake Officer)

Please answer the following questions, telling us briefly why you have been discriminated against in employment. An officer of the EEOC will talk with you after you complete this form.

(Please Print)

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

ADDRESS_____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

What action was taken against you that you believe to be discriminatory? What harm, if any, was caused to you or others in your work situation as a result of that action? (If more space is required, use page 2.)

_____

_____

_____

Do you believe this action was taken against you because of: (Check the one(s) that apply and specify your race, sex, age, religion or ethnic identity.)

☐ RACE ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN ☐ AGE ☐ RETALIATION ☐ COLOR

☐ OTHER, EXPLAIN BRIEFLY: _____

I WAS DISCRIMINATED AGAINST BY: (Check the one(s) that apply.)

☐ EMPLOYER ☐ UNION ☐ EMPLOYMENT AGENCY ☐ OTHER (Specify) _____

NAME: _____ ADDRESS: _____ CITY, STATE, ZIP CODE: _____	NAME: _____ ADDRESS: _____ CITY, STATE, ZIP CODE: _____
APPROXIMATE NUMBER EMPLOYED BY THIS EMPLOYER	WHAT WAS THE MOST RECENT DATE THE HARM YOU ALLEGED TOOK PLACE?

Are you now employed by the Employer that harmed you? Answer below.

Yes: From _____ No: I Applied for _____ or: I was employed as: _____
(Date) (Position) (Position)

Current Position: _____ on_____ until I was: _____

Normally, your identity will be disclosed to the organization which allegedly discriminated against you. Do you:

☐ CONSENT, or ☐ NOT CONSENT to such disclosure?

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

☐ No ☐ Yes (If answer is yes, complete below.)
NAME OF SOURCE OF ASSISTANCE: _____DATE: _____

RESULT, IF ANY:

Have you filed an EEOC Charge in the past? ☐ No ☐ Yes (If answer is yes, complete below.)
Approximate date filed: _____Organization charged: _____Charge Number (if known): _____

SIGNATURE: _____	DATE: _____

PRIVACY ACT STATEMENT

(This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting the personal data and the uses thereof are given below.)

1. FORM NUMBER / TITLE / DATE. EEOC Form 283, Intake Questionnaire, March 1984

2. AUTHORITY. 42 U.S.C. ____2000e-5(b), 29 U.S.C. ___ 211, 29 U.S.C. ___626.

3. PRINCIPAL PURPOSE (S). The purpose of this questionnaire is to solicit information to enable the Commission to avoid the intake of matters not within its jurisdiction.

4. ROUTING USES. Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over potential charges, complaints or allegations of employment discrimination and to provide on this form may be disclosed to other State, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. This would include employment practices laws. Information may also be disclosed to charging parties in consideration of or in connection with litigation.

5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. The providing of this information is voluntary but the failure to do so may hamper the Commission's processing of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.