



Office of Equal Opportunity

301 N. Olive Avenue, 10th Floor

West Palm Beach, FL 33401

(561) 355-4884

Fax: (561) 355-4932

www.pbcgov.com/equalopportunity



**Palm Beach County
Board of County
Commissioners**

Maria Sachs, Mayor

Maria G. Marino, Vice Mayor

Gregg K. Weiss

Michael A. Barnett

Marci Woodward

Sara Baxter

Mack Bernard

County Administrator

Verdenia C. Baker

Dear Sir/Madam:

This is to acknowledge your recent inquiry regarding the filing of a possible charge of Employment Discrimination. In order to more effectively assist you in this process, it is necessary for you to complete the attached Employment Discrimination Intake Questionnaire. This questionnaire should be completed in as much detail as possible, including names, titles, dates, actions, witnesses and so forth. Failure to accurately and fully complete this form will delay in evaluating your issue. You may return this completed form to us by hand-delivery, mail or facsimile.

Because of the large number of persons served by the Palm Beach County Office of Equal Opportunity (OEO), we are unable to provide telephonic case status updates. Please refrain from calling to determine case status. You will be contacted by an OEO Equal Opportunity Specialist if further information is needed. Otherwise, you will normally receive further communication from our office, in writing or by telephone, within thirty (30) days from when we receive the completed questionnaire from you.

Please be advised that there are time limits applicable to the filing of a charge of discrimination with the OEO (within 180 days of the date of most recent alleged act of discrimination). If the most recent alleged act of discrimination is after 180 days but within 300 days, OEO will forward your forms to the U.S. Equal Employment Opportunity Commission and if it is after 300 days but within 365 days, you will need to contact the Florida Commission on Human Relations directly. It is therefore of the utmost importance that you complete and return the form to this office as soon as possible in order to avoid losing your rights to pursue this potential claim.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Pamela Guerrier".

Pamela Guerrier, Director
Office of Equal Opportunity

*"An Equal Opportunity
Affirmative Action Employer"*

EMPLOYMENT DISCRIMINATION INTAKE QUESTIONNAIRE

If you need assistance in completing this form, have difficulty completing any portions of this form due to incompatibility with adaptive technology, or you need the information in an alternative format, please contact us at:

Palm Beach County Office of Equal Opportunity
301 North Olive Avenue, 10th Floor – West Palm Beach, FL 33401
Telephone: (561) 355-4883 | FAX: (561) 355-4932 | TDD: (561) 355-1517
<http://www.pbcgov.com/equalopportunity>

IMPORTANT NOTICE TO POTENTIAL CHARGING PARTY: Completion of this form is necessary in order for the Office of Equal Opportunity (OEO) to determine if you have sufficient legal grounds to initiate the filing of a charge of employment discrimination. **Completion and submission of this Questionnaire does not constitute the filing of a charge of discrimination.** Upon receipt of this completed Questionnaire, we will determine if you have stated sufficient factual allegations to proceed further. If the facts are not sufficient, we will either contact you for further information or notify you of our determination that the facts are not sufficient. If the facts are sufficient, a complaint will be prepared for you to sign, notarize and return to OEO for filing and investigation. You must return the signed, notarized complaint form so that is received by OEO within 180 days of the date of the most recent act of alleged discrimination. If your form is received after 180 days, but within 300 days, OEO will forward your forms to the U.S. Equal Employment Opportunity Commission (EEOC) for processing and investigation.

*When completing this form, please print legibly or use typewriter.
Please do not write on the back of the page. Use additional sheets if necessary.*

PERSONAL INFORMATION

1. My name is _____
Last Name First Name Middle Name or Initial
2. My date of birth is _____ . I am presently _____ years of age.
3. My gender is _____ and my racial identity is _____ . I am Hispanic or Latino. Yes No
4. I reside at _____
in the City of _____ County of _____
State of _____ Zip Code _____
5. My daytime telephone number, including the area code, is _____
6. My evening telephone number, including the area code, is _____
7. My email address is _____
(NOTE: Under Florida law, email addresses are public records. Do not provide your email address if you do not want it released in response to a public records request.)
8. The name of a person who will know how to reach me is _____
9. Their telephone number, including the area code, is _____

INFORMATION ABOUT THE DISCRIMINATION CLAIM

What is the name of the employer that you believe discriminated against you?

1. Employer's Name _____
2. Employer's Address _____
3. Employer's City _____ State _____ Zip _____ Telephone No. _____
4. Employer's Email Address _____
5. What is the nature of this employer's business? _____
6. In what Florida county were you employed? _____
7. How many employees worked for the employer named above? _____
8. Are you now employed by this employer? Yes No
9. When did you first begin working for this employer? _____
10. If you are no longer employed, did you resign or were you fired? _____
11. If you were discharged or resigned, when did you last work for this employer? _____
12. If you were never employed, and applied for a job, when did you apply? _____
13. If you applied for a job, what job did you seek? _____
14. My immediate supervisor (if applicable) _____
Name *Job Title*
15. What is, or was, your job position? _____
16. At the time of the alleged discriminatory actions, my duties were: _____

PLEASE INDICATE THE BASIS UPON WHICH YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (*Check and respond only to those that are applicable to your case.*):

1. **Race.** If your claim is based on race, what is your race? _____
2. **Color.** If your claim is based on color, what is your color? _____
3. **National Origin.** If your claim is based on national origin, what is your national origin? _____
4. **Sex.** If your claim is based on sex (or gender), what is your sex (gender)? _____

5. **Sexual Harassment.** If your claim is based on sexual harassment, did you report the alleged harassment to the employer?
 Yes No

If yes, what actions did the employer take based upon your report? _____

6. **Pregnancy.** When did the employer learn that you were pregnant? _____

7. **Age.** If your claim is based on age, what is your age? _____

8. **Religion.** If your claim is based on religion, what is your religion? _____

Did you request an accommodation for a religious practice or belief? Yes No

If yes, what was the employer's response to your request? _____

9. **Retaliation.** If your claim is based on retaliation, had you previously filed a claim of employment discrimination with either EEOC or OEO? Yes No

Had you previously filed a claim of discrimination through your employer's internal procedures? Yes No

Had you testified or assisted someone else in protecting their rights under the employment discrimination laws?

Yes No

10. **Disability.** If your claim is based on disability, what is your disability? _____

(NOTE: IF YOUR CLAIM IS BASED ON A DISABILITY, PLEASE COMPLETE THE ATTACHED DISABILITY QUESTIONNAIRE.)

Did you request an accommodation or modification for your disability? Yes No

What was the employer's response to your request for an accommodation or modification?

11. **Familial Status.** If your claim is based on familial status, please indicate the number and ages of your dependent child(ren) that are under the age of eighteen (18):

12. **Marital Status.** If your claim is based on marital status, please indicate whether you are:

single married divorced other (*please specify*) _____

13. **Sexual Orientation.** If your claim is based on sexual orientation, what is your sexual orientation? _____

14. **Gender Identity or Expression** _____

3. What reason, if any, did the employer give for the alleged discriminatory treatment?

4. Why do you believe that the action taken against you was discriminatory?

5. My work history, experience, and education are:

6. My last performance evaluation and my overall performance on the job were:

7. During my employment, I (did) (did not) receive any disciplinary actions. If so, state the type of disciplinary action and date:

8. The incidents that led to the alleged discrimination treatment were: _____

9. To the best of my knowledge, other persons (did) (did not) commit violations similar to those that I was accused of. (If other persons committed similar violations, please describe how they were treated differently. As to each person who was treated differently, identify them by name, job held, sex, race, national origin, age, etc., as appropriate).

10. The particular company policy or practice that was applied in a discriminatory manner was: _____

11. The names, addresses and telephone numbers for all persons who have knowledge about the alleged discriminatory treatment are listed below. I have also given a summary of what each person knows about this matter.

RELIEF / MEDIATION

1. What relief are you seeking in this matter? _____

2. Would you be willing to accept to resolve this matter immediately? Yes No

3. Are you willing to participate in mediation to seek an early resolution of your claim(s)? Yes No

EXISTING / PREVIOUS CHARGES

1. Have you sought assistance from any other agency, attorney, etc.? Yes No

If so, what is the name of the source of assistance? _____

Date of assistance _____ Results, if any _____

2. Have you previously filed a complaint with OEO or EEOC? Yes No

If so, when did you file? _____ Charge/Complaint No. (if known) _____

DISCLAIMER

A. I have been advised by a representative of the Palm Beach County of Equal Opportunity (OEO) that completion of this Questionnaire is necessary in order for the OEO to determine if I have sufficient legal grounds to initiate the filing of a charge of employment discrimination. I understand that completion and submission of this Questionnaire does not constitute the filing of a charge of discrimination and that upon receipt and review of this completed Questionnaire, OEO will determine if I have stated sufficient factual allegations to proceed with the actual filing of a charge of discrimination

B. I understand that to be timely filed, a charge of discrimination must be signed, notarized, and received by OEO within 180 days of the date of the most recent act of alleged discrimination. If I file a complaint after 180 days, but within 300 days, OEO will not investigate my claims but will forward my complaint to the U.S. Equal Employment Opportunity Commission (EEOC) for processing and investigation.

C. I have been given assurances by an agent of the Palm Beach County Office of Equal Opportunity that pursuant to Palm Beach County's Equal Employment Ordinance (Ordinance 95-31), and applicable Florida Statutes, this Questionnaire will be considered confidential and will not be disclosed (except to the parties to this proceeding, including the employer and its legal representative) as long as the case remains open unless it becomes necessary for OEO to produce the Questionnaire in a formal proceeding. Upon the closing of this case, the Questionnaire may be subject to further disclosure in accordance with Ordinance 95-31 and Florida's Public Records Act.

Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements contained herein are true and correct.

Signed _____

Printed Name _____

Date Signed _____



Palm Beach County
Board of County Commissioners

Palm Beach County Office of Equal Opportunity – Complaint Review Process

Below is an explanation of what you can expect regarding how your complaint will be processed in our office.

- **You should expect to receive a call or letter from the Equal Opportunity Specialist (EOS) assigned to your complaint within 30 days from the date we received your completed employment discrimination intake questionnaire. Depending on the type of complaint and the issues associated with your complaint, the review process may take several weeks after we have all the needed information to process your complaint.**
- All complaints received are not accepted and referred for investigation.
- **The EOS does NOT communicate or make contact with the person(s) you are complaining about during the review process.**
- **We do NOT advocate or represent you (the complainant(s)) or the person(s) you are complaining about (respondent(s)).**
- We conduct a review of your complaint to determine if the issue(s) you are complaining about meet the jurisdictional or allowable requirements of the fair housing laws.
- You will be asked to answer specific questions which are necessary for us to determine if your complaint can be accepted and referred for investigation.
- You will also be asked to provide documents necessary to complete the review of your complaint.
- Be advised that our office is responsible for reviewing all complaints received for all persons making a complaint involving allegations of housing discrimination within Palm Beach County. We process complaints in the order received. Therefore, in the interest of assuring a thorough review of your complaint, your patience is appreciated.

Complaints NOT Accepted for Investigation:

IF after reviewing your complaint and documents, it is not accepted for referral for investigation:

- You will receive correspondence giving you the reason(s) why your complaint was not accepted for investigation and why the file will be closed.
- In some instances, we may refer you to a different County department or outside agency that may be able to help you with your non-jurisdictional complaint.

Complaints Accepted and Referred for Investigation:

IF your complaint is accepted and referred for investigation:

- The EOS will prepare the formal charge of discrimination for your signature. The summary of allegations will be written in a different format from the information you originally provided.
- Additionally, the charge will include your name and address and the name and address of the business alleged to have violated equal employment law(s).
- You should review the document carefully to ensure that it is consistent with your allegations, sign it and return it to the EOS as soon as possible (ASAP). If you do not agree with the summary of allegations, **do NOT write on the actual document**, you should contact the EOS ASAP.
- **If you do not return the signed charge your case will NOT be referred for investigation, therefore, it will be closed due to your failure to respond.**
- Upon receipt of the signed charge, the EOS will send you and the business you complained about a formal letter giving you the case name, number and the contact information regarding the investigation. The EOS then transfers your file for investigation and the EOS no longer has responsibility for your file or regarding your case.
- Your case will be pending assignment to an investigator after we receive the signed charge from you and response from the business. Please note that it may take several months after we receive the response from the business before the case is assigned to an investigator as we generally assign cases in the order in which they are filed. **All further communication should be with the assigned investigator.**
- The assigned investigator will then contact you and the business you complained about to begin the investigation.
- You should keep all documents related to your charge such as receipts, letters, newspaper or internet ads, telephone numbers, tapes, photos, etc. in a safe place because the assigned investigator will need them. **PLEASE NOTE THAT INFORMATION PROVIDED TO THE OEO ARE PUBLIC RECORDS AND OPEN TO THE PUBLIC AS PROVIDED BY LAW. DO NOT PROVIDE OEO WITH RECORDS YOU DO NOT WANT TO BE PUBLIC.**
- You will also be asked to write down a timeline of what happened that led you to file the complaint. The timeline will assist the investigator in the investigation.
- The assigned investigator will also discuss options for settlement of your case if both parties agree to participate in conciliation.

We appreciate your patience and cooperation. Thank you.