

Respondent Questionnaire – Employment Discrimination

Based on Sexual Orientation and Gender Identification

Salt Lake County Ordinance

Chapter 10.13

Salt Lake County Mayor’s Office of Diversity Affairs

2001 S State St, N-2100

Salt Lake City, UT 84190-1020

Office : 385-468-7014

Portions of the information provided in this form may be public information under Utah State Statute

Please complete to the best of your knowledge

Organization Information: Identify the organization that is responding to complaint of discrimination.

Name		Email Address	
Street Address		Home Phone No. (Include Area Code)	Cell Phone No. (Include Area Code)
City, State and ZIP Code			Work Phone No. (Include Area Code)
Organization Name	Highest Official Name & Title		Phone No. (Include Area Code)
Email Address		Type of Business	
Street Address		City, State and ZIP Code	

Check one: Employer Union Employment Agency Apprenticeship Program

Does your organization have 15 or more employees for each working day in each of twenty (20) or more calendar weeks in the current or preceding year? Yes No

Corporate Office, Parent Company, or Leasing Company		Person to Contact	
Email Address		Phone No. (Include Area Code)	
Street Address		City, State and ZIP Code	

VERIFY EMPLOYMENT INFORMATION OF COMPLAINANT

Name & Job Title		Date of Hire (If Applicable)	Date of Separation (If Applicable)
Supervisor	Phone No. (Include Area Code)	Email Address	

RESPONSE

Please address each of the "Harms" listed in the Complainant's Questionnaire

Continue your story on a separate sheet of paper if needed

Did you or another supervisor receive a complaint of discrimination?

Yes No

When?

Please briefly describe

Who are your witnesses?

Witness #1 Name & Job Title		Email Address	
Work Phone No. (Include Area Code)	Home Phone No. (Include Area Code)	Cell Phone No. (Include Area Code)	
Street Address		City, State and ZIP Code	
What will Witness #1 tell us?			
Witness #2 Name & Job Title		Email Address	
Work Phone No. (Include Area Code)	Home Phone No. (Include Area Code)	Cell Phone No. (Include Area Code)	
Street Address		City, State and ZIP Code	
What will Witness #2 tell us?			
Witness #3 Name & Job Title		Email Address	
Work Phone No. (Include Area Code)	Home Phone No. (Include Area Code)	Cell Phone No. (Include Area Code)	
Street Address		City, State and ZIP Code	
What will Witness #3 tell us?			

Do you have any documents or evidence to support your response? Please provide copies.

List someone in your organization we can contact if we cannot reach you:

Name	Title	Email Address	
Work Phone No. (Include Area Code)	Home Phone No. (Include Area Code)	Cell Phone No. (Include Area Code)	
Street Address			
City, State and ZIP Code			

IF YOU HAVE HIRED AN ATTORNEY TO REPRESENT YOU, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name		
Email Address		
Work Phone No. (Include Area Code)	Cell Phone No. (Include Area Code)	
Street Address		City, State and ZIP Code

Do you want us to contact your attorney? YES NO

Please list any special accommodations, interpreters or assistive devices needed due to disability

REMEDIES:

Salt Lake County Ordinance provides a process whereby a complaint is investigated and, if an unlawful practice has been committed, the County Administrator will facilitate the resolution of the issues through a conciliation agreement. If the County Administrator is unable to secure an acceptable conciliation agreement, the County Administrator shall refer the case to the District Attorney.

An offense committed under this ordinance by an employer employing fifty(50) or fewer employees is punishable by a civil fine of not more than \$500; by an employer employing fifty-one (51) or more employees or by an employment agency or labor organization is punishable by a civil fine of not more than \$1,000.

In submitting this form, you agree to advise the Salt Lake County Administrator of any change in your address and/or telephone number and commit that you will fully cooperate in processing this charge in accordance with our policies and procedures. Failure to cooperate may result in the issuance of findings based on the information contained in the file. You may contact the Administrator at 385-468-7014 or at EHouston@slco.org

I hereby swear under oath that the information I have provided in this questionnaire is true and correct to the best of my knowledge.

Print Name

Complainant's Signature

Today's Date