

Complainant 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 &

Inclusion

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

Personal Information: Identify the individual who is filing the 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)	

Whom are you filing against? (Where you worked in Salt Lake County)

(Employer – Union – Employment Agency – Apprenticeship Program)

EMPLOYER MUST BE IN UNINCORPORATED SALT LAKE COUNTY

(Call County Planning and Development Office 385-468-6700 with the address of where the discrimination took place)

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

Does Employer have 15 or more employees in unincorporated Salt Lake County 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

EMPLOYMENT INFORMATION

Date of Hire (If Applicable)	Date of Separation (If Applicable)	First Date of Harm	Latest Date of Harm
Job Title	Supervisor		

**Protected Class: I believe I have been treated differently because of my
___Sexual Orientation___ Gender Identity**

“Harm”
Check all that apply

<input type="checkbox"/> Assignments	<input type="checkbox"/> Hiring	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Benefits	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Suspension
<input type="checkbox"/> Demotion	<input type="checkbox"/> Promotion	<input type="checkbox"/> Terms & Conditions
<input type="checkbox"/> Discharge or Resignation	<input type="checkbox"/> Layoff	<input type="checkbox"/> Training
<input type="checkbox"/> Discipline	<input type="checkbox"/> Retirement	<input type="checkbox"/> Wages
<input type="checkbox"/> Harassment		
<input type="checkbox"/> Other _____		

“MY STORY”
Please describe in detail what happened describing each of the **“Harms”** that you checked above. Include dates, names of people involved and why you feel it was discrimination based on your sexual orientation or your gender identity.

Continue your story on a separate sheet of paper if needed

Did you report or complain of discrimination? ___Yes___No	To whom did you report it?	When?
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Please briefly describe
What reason did the employer give for the action taken against you?

Continue your story on a separate sheet of paper if needed

Why do you believe that the reason given by the employer is not true?

Continue your story on a separate sheet of paper if needed

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?			

Name others who were treated differently or better than you were.

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	
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	

Name others who were treated the <u>same</u> as you were.			
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	
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	
Do you have any documents or evidence to support your claim? Please provide copies.			
List someone we can contact if we cannot reach you:			
Name	Relationship to you	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 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