

Bureau of Equal Opportunity Complaint Questionnaire

Regarding:

Please read the questionnaire carefully. Type or print your answers. Answer each question as completely as possible. If you cannot fit your entire answer in the space on this form, you may add additional pages.

If a question has an asterisk (*) next to it, you must answer that question completely. It is recommended that you answer as detailed and accurately as possible the questions asked to help us process and/or investigate your complaint. If you do not know the answer to the question, respond “not known” in the space. If the question does not apply to your complaint, respond “n/a.”

Completing this form is voluntary; however, answers to the starred questions and fields must be provided in order for the Bureau of Equal Opportunity – Civil Rights Compliance (BEO) to make a determination regarding an investigation of your complaint of discrimination. BEO will use the information to process, make referrals and, when appropriate, to investigate your complaint. Your cooperation and responsiveness are necessary throughout the process of handling your complaint.

Section 1

***1. Are you the complainant or representative of the complainant?**

- ☐ Yes
☐ No

Section 2

***2. Provide your name and contact information below. If you are a representative, provide the complainant’s information in Section 2 and your information in section 2A.**

Complainant’s Name

Street Address

City

State

Zip Code

Telephone Number

E-mail Address

Section 2A

Complainant's Name

Street Address

City

State

Zip Code

Telephone Number

E-mail Address**Section 3**

*3. This complaint is about something that happened to (Please mark the appropriate box):

- ☐ Only Me
☐ Me and other people
☐ Other person/people, not me
 (Is the other person a minor?)
 ☐ Yes
 ☐ No

Section 4

*4. Provide the name of the agency, organization, or business that you have a complaint against. If you have any contact information for the agency, organization, or business, and/or if you know the name(s) of the person(s) who you believe discriminated against you, please provide that information as well. If you need more space to provide this information, please attach any additional pages to this questionnaire and mark your answer as SECTION 4.

Name

Street Address

City

State

Zip Code

Telephone Number

E-mail Address

Section 5

*5. What do you believe was the basis (reason) for the alleged discrimination? Check the boxes next to any of the reasons that you believe were involved in the discrimination and answer any of the questions that accompanies the box.

- ☐ Because of my National Origin/Ancestry (Please answer questions below.)
What is your national origin (the county from which you, your parents, your grandparents, or your earliest ancestors came to the United States of America)? _____
- ☐ Because of my Limited English Proficiency (What is the language in which you feel most comfortable communicating and are understood?) _____
- ☐ Because of my Race (Please answer questions below.)
What is your race? Please check all that apply.
- ☐ White or Caucasian
 - ☐ Hispanic or Latino
 - ☐ Black or African American
 - ☐ American Indian or Alaska Native
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ Asian
 - ☐ Other: _____
-
- ☐ Pregnancy
- ☐ Sex (What is your sex? _____)
- ☐ Sexual Orientation (What is your sexual orientation? _____)
- ☐ Gender Identity/Express. (What is your gender identity/expression? _____)
- ☐ Color (What is your color? _____)
- ☐ Religion (What is your religion? _____)
- ☐ Age (What is your age? _____)
- ☐ Disability
- ☐ I have a disability (which may be active or inactive currently.)
(What is your disability? _____)
- ☐ I have a record of a disability.
(What is your disability? _____)
- ☐ I do not have a disability, but the organization or program treats me as if I am disabled.
- ☐ Other: _____
- ☐ Citizenship (What is your citizenship? _____)
- ☐ My participation in a program that receives Federal financial assistance.
(What is the name of the program? _____)
- ☐ My Political Belief (What is your political affiliation or belief? _____)

Section 6

*6. For each of the reasons for discrimination you checked above, please explain what happened and how you were harmed by what happened, and how and why you believe what happened was because of the reason you checked. For example, if you checked "Because of my Race," list the facts that explain how and why you believe that what happened was because of the race of the person harmed.

If other person(s) or groups were treated differently from you, please describe who was treated differently. How was their treatment different, and how has the different treatment harmed you?

If your answer does not fit in the space below, please use more pages of paper to finish your answer and attach those pages to this form.

***If the date of the most recent action was more than 90 days ago, please explain why you did not file a complaint before now.**

What date(s) did the alleged discrimination take place?

Please list below any witnesses, coworkers, supervisors, or others whom you have not already named and whom we should contact for information about your complaint. Attach additional pages if you need more space and identify the information as SECTION 6

_____ Name	_____ Telephone Number	_____ Email Address
_____ Name	_____ Telephone Number	_____ Email Address
_____ Name	_____ Telephone Number	_____ Email Address

Section 7

7. Do you believe that you were retaliated against because you had a previous complaint about discrimination, or because you provided statements or were involved in another way with someone else's complaint of discrimination?

Please explain:

Section 8

*8. Have you filed or are you planning to file with any other entity such as the Office of Civil Rights (OCR) or the Pennsylvania Human Relations Commissions (PHRC) as stated within your rights in your complaint acknowledgment letter by the Bureau of Equal Opportunity – Civil Rights Compliance? If you have filed, please answer the information below.

Date Filed

Where did you file your written complaint?

Street Address

City

State

Zip Code

Telephone Number

Name of the person assigned to your complaint

Email Address

Has the place where you filed your complaint provided a decision on your complaint?

- ☐ Yes
☐ No

If yes, what was the date of the final decision? _____

Was the decision in writing?

- ☐ Yes
☐ No

***Please submit all copies of any written decision, acknowledgements, dismissals, or any other written responses regarding your complaint that you have received from this entity.**

***If you are planning to file with any other entity, please notify your assigned specialist immediately via email. Their contact information is listed on your acknowledgement letter.**

Section 9

*9. Have you reached out to any other program offices (beyond PHRC and OCR) to resolve your complaint such as the program helpline, Equal Employment Opportunity Commission (EEOC), Attorney General's Office, Appeals' Office.

- ☐ Yes
☐ No

If yes, what is the agency that you reached out to? _____

When did you reach out to them? _____

Have you received a response?

☐ Yes

☐ No

***If you have received a response, please return a copy with your questionnaire.**

Section 10

10. What remedy are you seeking by filing this complaint (what outcome would you like to achieve)?

Section 11

*11. Please sign and date this form in the space below that applies to you.

Signature of the Complainant

Date

Signature of the Complainant's Representative

Date

Please email, mail, or fax this question to:

Email: ra-pwbeoao@pa.gov

Mail: Bureau of Equal Opportunity – Civil Rights Compliance
625 Forster Street, Suite 225
Harrisburg PA 17120

Fax: (717) 772 - 4366

BEO/7-24-2023