



FAIR EMPLOYMENT PRACTICE OFFICE INQUIRY QUESTIONNAIRE

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Hagatna, GU 96910
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Thank you for contacting the Fair Employment Practice Office ("FEPO"). Complete this Inquiry Questionnaire if you would like to begin the process of filing a charge of employment discrimination with the FEPO or if you would like to discuss your concerns with the FEPO. Please note: This Questionnaire is not a Charge of Discrimination. The information you give us on this Questionnaire will help us assist you and determine if your concerns are covered by the employment discrimination laws we enforce. Answer all questions completely and briefly. Please make sure your answers can be easily read. After completing this Questionnaire, return it immediately to the FEPO office identified in the cover letter to this Questionnaire, or to the office assistant if you are completing this Questionnaire in office.

Please note that this Questionnaire is not intended for use by applicants for federal jobs or employees of the Guam Local government. For information about complaints of job discrimination in local, private, or federal employment, see <http://dol.guam.gov/>

Personal Information	Last Name: _____ First Name: _____ MI: _____ Home Phone: (____) _____ Cell: (____) _____ Email Address: _____ Street Address: _____ Apt. or Unit #: _____ City: _____ County: _____ State: _____ Zip Code: _____ What is the best way to reach you? _____ What are the best days and times to reach you? _____ Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female ----- <i>General information about you that will allow us to serve all individuals better:</i> ----- i. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No iii. What is your race? Please choose all that apply: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Iv. What is your National Origin (country of origin or ancestry)? _____
Who can we contact if we are unable to reach you?	Name: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: (____) _____ Cell: (____) _____ Email Address: _____
Who do you believe discriminated against you?	Check all that apply: <input type="checkbox"/> Employer <input type="checkbox"/> Union <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Organization Organization Name: _____ Street Address: _____ Suite #: _____ City: _____ County: _____ State: _____ Zip Code: _____ Name of Human Resources Director or Owner: _____ Email Address: _____ Phone number of organization: (____) _____ How many employees (estimated) does the organization have at all locations? Please check one: <input type="checkbox"/> Less than 15 <input type="checkbox"/> 15-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-500 <input type="checkbox"/> More than 500 Actual job location (address) where you work(ed) or applied for Job (if different for the organization address): Street Address: _____ Suite #: _____ City: _____ County: _____ State: _____ Zip Code: _____

<p>Information about your job or the job you applied for.</p>	<p>Date Hired: _____ Job Title at Hire: _____</p> <p>Pay Rate When Hired: _____ Last or Current Pay Rate: _____</p> <p>Job Title at Time of Alleged Discrimination: _____</p> <p>Date Your Employment Ended: _____ Select One: <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other</p> <p>Name and Title of your Immediate Supervisor: _____</p> <p>Job Applications – What was the title of the job for which you applied: _____</p> <p>Date you applied: _____ Date you found out you were not hired: _____</p>
<p>What is the reason (basis) for your claim of employment discrimination?</p>	<p>FOR EXAMPLE, if you feel that you were treated worse than someone else because of your race, check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion, and national origin, check all that apply.</p> <p> <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Color <input type="checkbox"/> Genetic Information <input type="checkbox"/> Religion <input type="checkbox"/> Retaliation <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity (including transgender) <input type="checkbox"/> Other </p> <p>If you checked Genetic Information, please choose all that apply:</p> <p> <input type="checkbox"/> Genetic Testing <input type="checkbox"/> Family Medical History <input type="checkbox"/> Genetic Services (genetic services mean genetic counseling, education or testing.) <input type="checkbox"/> Breastfeeding (Guam Only) (Public Law 32-098: Mother and Child Act) </p> <p>If you checked Color, Religion or National Origin, please specify: _____</p> <p>If you checked Disability, please check <u>all</u> that apply:</p> <p> <input type="checkbox"/> You have a disability <input type="checkbox"/> You had a disability in the past <input type="checkbox"/> The organization regards you as if you had or have a disability <input type="checkbox"/> You are closely related to or associated with a disabled person </p> <p>The disability (condition) that you believe was the basis for the employer’s alleged discrimination: _____</p> <p>Is your employer aware of your condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how? _____</p> <p>Is your condition something that adversely affects you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how? _____</p> <p>If you checked Retaliation and were threatened with or received a negative job action because of any of the following reasons, please check all that apply:</p> <p> <input type="checkbox"/> You filed a charge of job discrimination or contacted a government agency to complain about job discrimination <input type="checkbox"/> You helped or were a witness in someone else’s complaint about job discrimination; <input type="checkbox"/> Or you complained to your employer about job discrimination. <input type="checkbox"/> You requested an accommodation for a disability </p> <p>If you checked Other, describe the reason (basis) for discrimination:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>What was the negative job action taken against you that you think was discriminatory?</p>	<p>FOR EXAMPLE, I was denied an accommodation I needed to perform my job; I was fired because I was pregnant; I was laid off because of my age. Include dates.</p> <p>Date: _____ Action: _____</p> <p>_____</p> <p>Date: _____ Action: _____</p> <p>_____</p> <p>Name of Person(s) Responsible: _____</p>
<p>What reason(s), if any were you given for this negative job action(s) taken against you?</p>	<p>Reason: _____</p> <p>_____</p> <p>Who told you this? _____ His / Her Job Title: _____</p>
<p align="center">Describe who was in the <u>same or similar situation as you</u> and how they were treated.</p>	
<p align="center">FOR EXAMPLE, who else applied for the same job that you did, who else had the same attendance record, or who else had the same performance appraisal? Also, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person.</p>	
<p>Who was treated BETTER than you?</p>	<p>A. Full Name: _____ Job Title: _____</p> <p>Race, Sex, National Origin, Color, Religion, Age, or Disability: _____</p> <p>Description of Treatment: _____</p> <p>_____ Date: _____</p> <p>B. Full Name: _____ Job Title: _____</p> <p>Race, Sex, National Origin, Color, Religion, Age, or Disability: _____</p> <p>Description of Treatment: _____</p> <p>_____ Date: _____</p>
<p>Who was treated WORSE than you?</p>	<p>Full Name: _____ Job Title: _____</p> <p>Race, Sex, National Origin, Color, Religion, Age, or Disability: _____</p> <p>Description of Treatment: _____</p> <p>_____ Date: _____</p>
<p>Who was treated the SAME as you?</p>	<p>Full Name: _____ Job Title: _____</p> <p>Race, Sex, National Origin, Color, Religion, Age, or Disability: _____</p> <p>Description of Treatment: _____</p> <p>_____ Date: _____</p>

<p>Are there any witnesses to any of the alleged discriminatory negative job actions taken against you? If yes, please tell us what they will say.</p>	<p>A. Full Name: _____ Job Title: _____ Address: _____ Home or Cell#: _____ What will they tell us: _____ _____</p> <p>B. Full Name: _____ Job Title: _____ Address: _____ Home or Cell#: _____ What will they tell us: _____ _____</p>
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<p>Have you already filed a charge on this matter with the EEOC?</p>	<p><input type="checkbox"/> Yes Date you filed: _____ Charge Number: _____ <input type="checkbox"/> No</p>
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<p>Have you filed a complaint on this matter with another agency?</p>	<p><input type="checkbox"/> Yes Agency name: _____ Date you filed: _____ Complaint Number: _____ <input type="checkbox"/> No</p>
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<p>Have you sought help about this matter from a union, an attorney, or other source?</p>	<p><input type="checkbox"/> Yes Organization name: _____ Name of person you spoke with: _____ Date of Contact: _____ Results, if any: _____ <input type="checkbox"/> No</p>
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This form helps us determine if your situation is covered by the employment discrimination laws we enforce. You must file a charge of job discrimination within 90 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you would like to file a charge of discrimination immediately, you should contact the FEPO office listed in the cover letter or call **1-671-300-4544**.

<p>Privacy Act Statement</p>	<p>This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are: 1) FORM NUMBER / TITLE / DATE. EEOC INTAKE QUESTIONNAIRE, Form 290 A.2, July 2016. 2) AUTHORITY. 42 U.S.C. § 2000e-5 (b), 29 U.S.C. § 211, 29 U.S.C. § 626.42 U.S.C. § 12117(a) 3) PRINCIPAL PURPOSE. The purpose of this form is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge counseling, if appropriate. 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters. 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's assessment of your situation. It is not mandatory that this form be used to provide the requested information, EEOC Inquiry Questionnaire, Form 290A.2. Issued July 2016</p>
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