

## Discrimination Report

Your immediate report. You need to write down everything you recalled that you were discriminated against by an employer. Although you can do this, you should also contact your attorney or if you cannot afford one by law, you can retain an attorney through Legal Aid or a legal clinic. Or contact through federal agency, Equal Employment Opportunity Commission or known as EEOC. You also can look up for an employment discrimination lawyer through lawyers.com.

Any winnings in your case at the conclusion of the trial are not guaranteed and therefore, you are not guaranteed to win. Please consult an attorney for further details on your discrimination case. They have forms for you to fill out and this form is an additional form. This is no way a legal form. Use the one provided by your attorney and/or EEOC or the courts itself.

### Fill out completely!

#### Personal

Name	DOB
Address	SSN
City	State Zip
Phone	Alternative Phone
Email	

#### Incident

Where it happened? (Circle one) Employer Public Place	Date Time
Employer	Personnel
Street	Personnel's phone
City	State Zip
Phone	Fax

#### For what position you are applying for?

Position	ID
(Circle one or more) FT PT TTH Contract Temp Other:	\$ per YR HR
Education requirement	OR this edu. requirement
Requirement	Requirement
Requirement	Requirement
Requirement	Requirement
Requirement	Requirement
Benefits	Req. good communication skills? Y N
Require to lift? Y N What weight? Lbs	Req. to stand long period of time? Y N
How did you find the ad? Newspapers Job posts online Other	If applied in person and you are disabled...
How did you apply for it? Mail Email Apply on website In-person	Did you have an interpreter? Y N
Fax phone Skype Virtual Relay TTY/TDD	

#### Discrimination incident?



**Your interpreter, if any**

Name	Agency
Address	Phone
City	State                      Zip
Email	Alternative Phone
Type of interpreter for? Deaf Blind foreign language Gesture	Language ASL Spanish Chinese
Other:	Other:
Did your interpreter witnessed this incident? Yes No	

**Did you report this incident to any agencies immediately?**

Name of Counselor	Agency
Address	Phone
City	State                      Zip
Email	Alternative Phone
Type of agency: Job Center Voc. Rehab. Non-Profit Other	

**Second agency?**

Name of Counselor	Agency
Address	Phone
City	State                      Zip
Email	Alternative Phone
Type of agency: Job Center Voc. Rehab. Non-Profit Other	

**Due to your disability, if any...**

Did you have to take assessment test with timer? Yes No	How well did you do w/ test? Good Bad
Did they allow you to have interpreter to interpret the test? Y N	Do you know score? Yes No
Was test easy for you to read? Yes No	How long test was?
Was test font size is good for you? Yes No	