

Oregon Bureau of Labor and Industries  
CIVIL RIGHTS DIVISION

Vocational, Professional & Trade School Discrimination Questionnaire

PLEASE PRINT CLEARLY

COMPLAINANT INFORMATION

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Day \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Gender: Male Female Race: \_\_\_\_\_ National Origin \_\_\_\_\_

**Contact information.** Name, address, and phone number of a person who **does not live with you** but will know how to contact you:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

**Attorney representing you in this civil rights complaint (if any):**

Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

**RESPONDENT INFORMATION** (list all of the following information about the party you are complaining against)

School or College Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

This section for office use only

Staff \_\_\_\_\_

Date Drafted \_\_\_\_\_

Contract/juris/basis branch

\_\_\_\_ VS \_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

First contact \_\_\_\_\_

First DOD \_\_\_\_\_

Most recent DOD \_\_\_\_\_

County \_\_\_\_\_

Correspondence

02Quest Career School rev. 11/14/02

**This is not an official complaint; completing the questionnaire is a preliminary step**

**PLEASE ATTACH COPIES OF SUPPORTING DOCUMENTATION**

**THIS INFORMATION IS AVAILABLE IN AN ALTERNATE FORMAT**



4. Why did this happen to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What reason(s) were you given for the action about which you are complaining? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please name others who were treated similarly to you under the same conditions and explain why you think they were treated similarly to you.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please name others who were treated differently than you were, under the same conditions and explain why you think they were treated differently from you.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR DISABILITY COMPLAINTS ONLY:

If you were discriminated against due to a disability, please fill out this section.

### DEFINITIONS:

**AN INDIVIDUAL WITH A DISABILITY** is a person who either (1) has a physical or mental impairment which substantially limits one or more of that person's major life activities; (2) has a record(s) of such an impairment; or (3) is regarded by the covered entity (employer/company) as having such an impairment. *(Please note: Just because you have been found 'disabled' for purposes of a workers' compensation or social security claim, does not mean you necessarily are covered by the laws prohibiting discrimination against disabled persons.)*

1. Identify the name of your disability: \_\_\_\_\_
2. When did you first develop this disability: \_\_\_\_\_
3. Describe in general what major life activities (such as walking, lifting, seeing, breathing, hearing, etc.) are affected by the disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe any limitations or restrictions placed on you by a physician because of your disability:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_