



General Information and Instructions Civil Rights Division Questionnaire and Complaint

- A. What We Investigate** – We investigate allegations of employment discrimination or retaliation and any supporting substantial evidence you submit. Many kinds of unfair treatment and discrimination *do not* violate the laws, and thus Oregon Bureau of Labor and Industries Civil Rights Division (CRD) cannot investigate. Please visit our website at www.oregon.gov/boli before you fill out the Questionnaire. You have the burden of proving your claims.
- B. Employment at Will** – Oregon is an “employment at will” state, which means that employers are free to hire and fire for *any* reason that does not violate the law. *Not all unfair or discriminatory treatment is unlawful.*
- C. Time Limits** – You must file a Complaint within one year of the date of any discriminatory action/harm. CRD can only investigate unlawful discrimination that has occurred within **one year from the date of the unlawful act**. Please submit your questionnaire promptly to allow time for the intake interview, drafting of the charge, sending/receiving time, signing and returning to BOLI before the 1 year anniversary and to be received before the end of the business day.

For OSHA retaliation claims, you must file a signed complaint within **90 days** of the unlawful act.

- D. What is the Questionnaire** – The Questionnaire is a form which assists the intake staff in drafting a *possible* charge. The **Questionnaire is NOT** an official complaint and completing the Questionnaire does not mean an investigation will be conducted. If you file a formal complaint, the Questionnaire will become part of a public record once a case is closed.
- E. Filling out the Questionnaire** – You must **completely fill out pages 1–4** of the Questionnaire, and any additional pages that apply. Please do not attach additional sheets instead of completing the Questionnaire.
- F. Procedure** – Due to the large number of questionnaires received, it may take several weeks for you to hear back from CRD. You will be contacted as soon as your questionnaire is assigned to an Intake Officer.
- G. Contact Information** – It is your responsibility to contact this office in writing advising us of changes in your address or phone number.
- H. Retaliation** – Retaliation is often *not* unlawful. For CRD to have jurisdiction over a retaliation claim, you must show that the retaliation occurred because of your involvement in a protected activity.
- I. Private Attorney** – You may consult an attorney at any time before or during a CRD investigation. You are not required to retain an attorney.
- J. IMPORTANT NOTICE FROM THE BUREAU OF LABOR AND INDUSTRIES (BOLI) TO PERSONS ALLEGING CIVIL RIGHTS VIOLATION BY PUBLIC EMPLOYERS** : The Tort Claims Act (ORS 30.260-300) provides that a civil action in court against a public body may not be maintained unless a particular type of notice is given to the public body. For civil rights claims, the notice must general be given within *180 days of the alleged loss or injury*. Filing a complaint with BOLI is not a civil action and does not require a tort claim notice. However, should you decide to file a civil action in court after filing a complaint with BOLI, the BOLI complaint will not satisfy the requirements of a tort claim notice. For this reason, even if you file a timely complaint with BOLI, you may also wish to file a tort claim notice to preserve your right to file a civil action. You are encouraged to consult with an attorney as soon as possible concerning these requirements.

PROTECTED CLASSES IN EMPLOYMENT IN THE STATE OF OREGON

Race/Color/Age	Physical or Mental Disability
National Origin	Marital Status
Sex (<i>includes pregnancy-related conditions</i>)	Family Relationship
Sexual Orientation	Veteran's Preference
Gender Identity	Military History
Genetic Information	Credit History
Criminal History "Ban the box"	
Religion	Association with a Protected Class
Injured Worker Status (<i>retaliation/reinstatement issues</i>)	Retaliation for Engaging in Protected Activities (<i>see below</i>)

PROTECTED ACTIVITIES WE ENFORCE

Oregon Family Leave Act	Testifying at Employment Department Hearings
Statewide sick leave	Portland paid sick leave
Oregon Family Military Leave Act	Garnishment of Wages for Child Support
Domestic Violence Leave	Opposing and/or Reporting Health or Safety Issues
Leave to Serve in State Organized Militia	Reporting Health Care Violations
Leave to Donate Bone Marrow	Access to Employer-Owned Housing
Leave to Serve in the State Legislature	Prohibition on Polygraph Exams
Leave for Jury Duty	Limits on Breathalyzer and Blood Alcohol Testing
Inquiring about wages in the work place	unlawful retaliation for filing a complaint under the wage disclosure statute.
Basis of Credit History	Expunged Juvenile Record
Testifying Before the State Legislature	Right to File a Lawsuit, Testify in Criminal or Civil Proceedings or Reporting Criminal Activities (<i>whistle-blowing expanded</i>)
Prohibition on Employer Requiring Medical Release Unless Employee pays out of Pocket Costs	Non-Employment Related Social Media / Social Networking Account Privacy (<i>employment only</i>)
Retaliation for using Leave for Breastfeeding or Expression of Breastmilk	Prohibition on Genetic Screening and Brainwave Testing
Use of Lawful Tobacco Products on Off-duty Hours	Retaliation for Using Sick Leave (<i>Portland only</i>)

REQUIRED INFORMATION - YOU MUST COMPLETE EACH SECTION ON THIS PAGE

Describe your employment status. Choose *one* of the following rows unless you were applying for a vacant position at your current employer.

<p>Complete this row if you were discriminated against when you applied for a job or promotion</p>	<p>Position applied for:</p>	<p>Date applied:</p>	<p>Date informed you did not get the position:</p>
<p>Complete this row if you are a current or former employee</p>	<p>Job title: Date of hire:</p>	<p>Choose one: <input type="checkbox"/> still employed <input type="checkbox"/> fired <input type="checkbox"/> laid off <input type="checkbox"/> resigned</p>	<p>If you are no longer working for this employer, date when your job ended:</p>

I was subjected to an unlawful employment practice based on one or more of the following:

<input type="checkbox"/> Race/Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Injured Worker (complete pg. 5)
<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Sexual Orientation or Gender Identity
<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Oregon Family Leave (complete pg. 8)
<input type="checkbox"/> Whistleblowing	<input type="checkbox"/> Disability (complete pg. 7)	<input type="checkbox"/> Domestic Violence Victim (Complete pg. 9)
<input type="checkbox"/> Veterans Preference (Complete pg. 10)		
<input type="checkbox"/> Statewide Sick Leave/Portland Paid Sick Leave (Complete pg. 11)		
<input type="checkbox"/> Reporting or opposing a workplace health or safety hazard (OSHA) (complete pg. 6)		
<input type="checkbox"/> Other protected class _____		

(See back of information page for a list of protected classes.)

The first date I was discriminated against was: _____

The most recent date I was discriminated against was: _____

1. Briefly describe the harm(s) you are complaining about (e.g., termination, discipline, suspension, failure to hire or promote, harassment, reduction in hours, failure to reinstate):

2. What reason did your employer give for the action(s) you are complaining about?

I have already filed a complaint with another enforcement agency about these issues. Yes / No (Circle one) If yes, what agency? _____ Status of complaint at this time? _____

3. Describe specifically what the employer did that you think was an unlawful employment practice based on the protected class or activity stated above. *Include the specific action that you think is unlawful, what happened, who did it, and why you think it was because of your protected class or activity.* Use additional pages if necessary.

Date: _____ **Harm:** _____

Description: _____

Date: _____ **Harm:** _____

Description: _____

Date: _____ **Harm:** _____

Description: _____

4. List the name(s) and contact information of anyone who has first-hand knowledge of the harm(s) you are alleging. List your best witness(es).

Witness Name: _____ Contact phone: _____

What did this person witness? _____

Witness Name: _____ Contact phone: _____

What did this person witness? _____

Witness Name: _____ Contact phone: _____

What did this person witness? _____

5. Was anyone else treated like you under the same conditions (e.g., disciplined by the same manager)? If so, give the person(s) name(s) and explain why you think they were treated that way.

6. Was anyone else treated differently than you under the same conditions (e.g., not disciplined by the same manager for doing the same thing you were disciplined for)? If so, give the person(s) name(s) and explain why they were treated differently.

FOR INJURED WORKER COMPLAINTS ONLY

(Employer must have 6 or more employees)

It is against the law to discriminate against or retaliate against an employee because the employee has been injured at work, reported a work related injury or filed a Workers' Compensation claim. In certain circumstances, employees may have rights to light duty work, and/or the right to return to their former job when fully released to do so. If you feel you were discriminated against because of a workplace injury, fill out this section.

If you are reporting more than one incident or date, copy and fill out a separate page for each.

Date of injury _____

Were you injured while performing your job? Yes No

Did you apply for Workers' Compensation? Yes No If yes, when? _____

The claim is currently: Accepted Denied Pending On Appeal Closed/Settled

If you did not file a Workers' Compensation claim, explain why not: _____

What is/was the diagnosis: _____

Were you taken off work? Yes No If yes, when were you off work? From: _____ To: _____

Do you have permanent restrictions due to your workplace injury? Yes No

If yes, what are they? _____

LIGHT DUTY RELEASE:

Were you released to work with restrictions? Yes No If yes, when? _____

What were your restrictions? _____

Did your employer have a vacant position that was suitable, based on your skills and restrictions? Yes No

Note: An employer is not required to create a job or modify your existing job because of a workplace injury.

If yes, what was the position? _____

Did you ask your employer for an available, suitable position? Yes No Date _____

Did your employer offer you a light duty position? Yes No Did you accept the position? Yes No

If no, did your employer place you on OFLA leave? Yes No

FULL DUTY RELEASE:

Date you were released to full duty without restrictions: _____

Did you ask for your job back? Yes No If yes, on what date? _____

Were you returned to the job you held at the time of injury? Yes No If yes, on what date? _____

If no, did your previous job still exist? Yes No

If yes, what reason did your employer give for not returning you to that job? _____

FOR OSHA RETALIATION COMPLAINTS ONLY

It is against the law to retaliate against an employee because s/he reported or opposed a workplace health or safety violation. If you have done so and think that your employer has retaliated against you because of it, fill out this section.

IMPORTANT: You MUST file a complaint with BOLI within 90 DAYS of the retaliatory act to have a valid claim.

This is not an OSHA claim. If you need to report a workplace health or safety violation, call OR-OSHA.

Was an Occupational Health and Safety Poster posted at your worksite? Yes No Don't Know

What was the health or safety hazard you complained about or opposed?

Did you complain to anyone at your workplace? Yes No If yes, date _____

If yes, what was that person's name and title? _____

If no, how did your employer know you had complained? _____

Did you contact OSHA about your concern? Yes No If yes, date _____

If yes, did OSHA investigate or issue a citation? Yes No If yes, date _____

Did you participate in an OSHA investigation? Yes No If yes, date _____

How did the employer retaliate against you for reporting or opposing the workplace health or safety hazard (be specific about date, what happened, and who did it)?

Date: _____ **Harm:** _____

Description: _____

Date: _____ **Harm:** _____

Description: _____

FOR DISABILITY DISCRIMINATION COMPLAINTS ONLY
(Employer must have 6 or more employees)

It is against the law to discriminate against employees because they have a protected disability. Also, in certain circumstances, employees with a protected disability may be entitled to reasonable workplace accommodation. If you feel your employer has violated a law related to this protected class, fill out this section.

AN INDIVIDUAL WITH A PROTECTED DISABILITY is a person who: (1) has a long-duration physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; (3) is regarded as having such an impairment; or (4) has a progressive illness as defined by OAR 839-006-1240.

(Please note: If you have been found disabled in a Workers' Compensation or Social Security claim, or as a disabled veteran, you are not necessarily covered by the laws prohibiting discrimination against disabled persons.)

What is/are your disability or disabilities? _____

Did you inform your employer of your medical condition? Yes No If yes, date _____

If yes, when did you inform them (e.g., time of hire, interview, date of diagnosis)? _____

If yes, who did tell about your disability or disabilities? _____

Did you give your employer medical documentation? Yes No If yes, when: _____

What major life activity/ies (e.g., walking, lifting, seeing, breathing, hearing) is/are substantially limited by your disability or disabilities? _____

How does this limit you, in comparison with an average non-impaired person in the general population?

Could you perform *all* the essential functions of your job without accommodation? Yes No

If no, could you perform all the essential functions of your job with accommodation? Yes No

Did you ask for accommodation to help to perform your job? Yes No

Who did you ask ? (name and title) _____ When did you ask? _____

If yes, what accommodation did you ask for? _____

If no, do you think it was obvious to your employer that you needed accommodation? Yes No

Were you accommodated? Yes No If yes, what accommodation was provided? _____

FOR OREGON FAMILY LEAVE ACT (OFLA) CLAIMS ONLY

Generally, to qualify for OFLA leave an employee must be employed for an average of at least 25 hours per week during the 180 days immediately before the OFLA leave begins. And the employer must have at least 25 employees in that State of Oregon.

A woman on pregnancy disability leave does not have to requalify in order to take parental leave, and anyone taking parental leave does not have to requalify for subsequent sick child leave. Also, an employee who has qualified for intermittent leave or who has previously qualified for and taken some portion of OFLA leave does not have to requalify each time leave is taken for the same purpose. For the purpose of taking parental leave, an employee must only be employed by a covered employer for at least 180 days immediately preceding the date on which OFLA leave begins.

Does your employer employ 25 or more employees in the State of Oregon? Yes No

Had you worked for the employer for 180 days or more before taking or requesting leave? Yes No

During the preceding 180 days, had you worked an average of at least 25 hours per week? Yes No

When did you tell your employer that you planned to use OFLA? _____

How did you give notice (e.g. written, verbal), and to whom? Explain briefly: _____

What kind of OFLA leave did you use or plan to use (check one):

- Your own serious health condition Sick child leave Parental leave
- A family member's serious health condition Pregnancy disability leave

Was the requested leave continuous or intermittent/repeated? _____

If the leave is/was for your own or a family member's serious health condition, what was the diagnosis?

Had you been off work for a compensable workplace injury before you took/requested leave? Yes No

Was your leave approved? Yes No If yes, when did your leave begin? _____ When did it end? _____

If no, what reason did your employer give you for denying your OFLA leave? _____

If you have returned from leave, were you returned to the job you held at the time your leave started? Yes No

If no, what reason did your employer give? _____

If no, did your job still exist? Yes No If no, was an equivalent position available? Yes No

If yes, were you placed in that position? Yes No If no, what reason did your employer give? _____

Has your employer retaliated against you for using or trying to use OFLA? Yes No If so, how? _____

OREGON VICTIM OF CERTAIN CRIMES LEAVE ACT (OVCCLA) CLAIMS ONLY

Victims of Domestic Violence, Stalking, and Sexual Assault

OVCCLA grants protected leave and reasonable safety accommodations to victims of domestic violence, sexual assault and stalking when seeking help for themselves or their minor children or dependents.

If you are requesting nondisclosure of your address*, please provide alternate CONTACT INFORMATION:

Contact Name _____ Phone # _____

Address _____

Contact person name: _____ Contact phone number: _____

* A request may need to be supported with evidence that you or a family member residing with you has been a victim of domestic violence. ORS 192.445(2)(b).

Are you or your minor child or dependent a victim of domestic violence, sexual assault or stalking? Yes No

When did you tell your employer you wanted to use the OVCCLA? _____

How and to whom did you give notice? _____

Did you request a safety accommodation? If yes, describe: _____

Did you request leave from work for OVCCLA purposes? Yes No

Was your leave approved? Yes No If no, what reason did your employer give for denying you leave?

Why did you want to take OVCCLA leave?

- Seek legal or law enforcement assistance
- Obtain services from a victim services provider
- Get counseling from a licensed mental health professional
- Get medical treatment or recover from injuries
- Relocate or make an existing home safe

First date of leave: _____ Last date of leave: _____ Continuing? _____

VETERAN'S PREFERENCE IN PUBLIC EMPLOYMENT ONLY

The State of Oregon requires that public employers grant a hiring or promotional preference to United States military veterans and an even higher preference to disabled United States military veterans under the provisions of ORS 408.230. If you feel you have been unlawfully denied hiring preference, fill out this section.

All Veterans:

Branch of service: _____ Dates of service _____

Type of discharge: _____ Date of discharge: _____

Did you serve in a combat zone? Yes No If yes, when and where? _____

Did you receive a combat or campaign ribbon for your military service? Yes No

Disabled Veterans:

Have you been designated as disabled by the Department of Veteran's Affairs? Yes No

Were you wounded in combat? Yes No If yes, when and were? _____

If yes, did you receive a purple heart? Yes No

Did you provide the employer with written documentation of your disability? Yes No

If not, reason: _____

Application information:

Did you apply for a promotion, or were you a new applicant? _____

Date you applied _____ Title of job you applied for _____

Was there a civil service test? Yes No If yes, did you successfully complete the test? Yes No

Test score: _____

If no, what method did the employer use to select the successful applicant? _____

Did you provide the employer with your military documentation? Yes No

Did you ask the employer to give you preference points? Yes No

If yes, who did you ask? (name and title) _____

If you were not selected for the job or promotion, did you request a written explanation? Yes No

If yes, did you receive a written explanation? Yes No

STATEWIDE SICK LEAVE/PORTLAND SICK LEAVE

*To qualify for Statewide **Paid** Sick Leave the employer must employ **10 or more employees** within the state of Oregon. An employee accrues sick leave at one hour for every 30 hours worked or an employer may choose to “front-load” 40 hours of leave at the beginning of the year. An employer who employs fewer than 10 employees in Oregon is required to provide unpaid sick leave.*

*If the employer has **6 or more employees** within a city exceeding 500,000 (Portland), the employer may be required to provide **paid** sick leave. An employee may accrue sick leave at one hour for every 30 hours worked or an employer may choose to “front-load” 40 hours of leave at the beginning of the year. An employer who employs less than 6 employees in Portland is required to provide unpaid sick leave.*

Does your employer employ 10 or more employees in the State of Oregon? Yes No

Does your employer employ 6 or more employees in a city exceeding 500,000 (Portland)? Yes No

When did you tell your employer that you planned to use sick leave? _____

How did you give notice (e.g. written, verbal), and to whom? Explain briefly: _____

What kind of sick leave did you use or plan to use (check one):

- Your own health condition
- Parental leave
- A family member’s health condition
- To seek medical treatment/recover from injuries caused by domestic violence
- To care for an infant/adopted child
- To deal with the death of a family member
- Sick child leave

Was the requested leave continuous or intermittent/repeated? _____

If the leave is/was for your own or a family member’s serious health condition, what was the diagnosis? _____

If you have returned from leave, were you returned to the job you held at the time your leave started? Yes No

If no, what reason did your employer give? _____

If no, did your job still exist? Yes No If no, was an equivalent position available? Yes No

If yes, were you placed in that position? Yes No If no, what reason did your employer give? _____

Has your employer retaliated against you for using or trying to use paid/unpaid sick leave? Yes No If so, how? _____