



**Oregon Bureau of Labor and Industries
CIVIL RIGHTS DIVISION
VOCATIONAL/PROFESSIONAL/TRADE SCHOOL
DISCRIMINATION QUESTIONNAIRE**

Please Print Clearly (**This is not an official complaint.**)

COMPLAINANT INFORMATION

Name _____
(First) (Middle Initial) (Last)

Mailing Address _____

City/State/Zip _____

Home Phone _____ Day _____ Cell _____

E-Mail Address _____ Date of Birth _____ Gender: M F

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 (_____) _____

This section for office use only

File # _____

Date Drafted _____

Contract/juris/basis branch

_____ VO _____

First contact _____

First DOD _____

Most recent DOD _____

County _____

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 _____

Q Rec Date

Last Date of Harm

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5. Why did this happen to you? _____

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

7. Please name others who were treated similarly to you under the same conditions and explain why you think they were treated similarly to you. _____

8. 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. _____

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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: _____

