

Texas Workforce Commission Civil Rights Division Intake Questionnaire Instructions

***Please indicate at the top of the form if you have previously filed this complaint with any of the agencies listed, along with the complaint number.**

Item #1. **(BASIS)** Indicate the basis you are filing under by marking an X. If you select [age](#), provide your birth date. If you select [color](#), [race](#), [religion](#), [sex](#), or [national origin](#), fill in your [color](#), [race](#), [religion](#), [sex](#) or [national origin](#). Select [disability](#) if you believe you were harmed because of your [disability](#). For [retaliation](#), see Item #9 below. Select only the basis you believe was the reason for the employment harm. **Example:** If you believe you have suffered an employment harm or action because of your Race, place an X by Race and fill in your Race.

Item #2. **(Complainant)** Indicate your first, middle, and last name, along with your address and phone numbers where you can be reached.

Item #3. **(Complainant's Representative or Attorney)** If you have a representative or attorney, indicate their name, address, phone number, and fax number. You also need to provide the TWCCRD with a letter of representation.

Item # 4. **(Employer)** Indicate the employer (respondent) you believe harmed you, along with the employer's address (location of the harm), and phone number. **(If employer has less than 15 employees, is not an elected official, or has less than 15 employees and is not a city/county or state government, TWCCRD does not have jurisdiction to investigate.)**

Item # 5. **(HR Personnel Officer)** Indicate the name, address, phone number, and fax number for the employer's HR or Personnel officer.

Item # 6. **(Basis for harm)** List the basis or bases (race, color, national origin, religion, sex, age, disability, or retaliation) under which you believe you have been harmed.

(Employment Harms or Actions) List the action or actions under which you believe you have been harmed. (List located at the bottom of page 1).

(Date of Harm) Provide the date (*month, day, & year*) of employment harm.

Briefly explain employment harm or action taken against you, and include the full name **and** position/title of each person involved.

(Employer's Reason) Provide the reasons given to you for the employer's action.

(Others treated more favorably) Provide the full name(s) of other employees in a same or similar position to you that were treated more favorably (or better) by the Employer under similar conditions. Example: You believe you have been harmed because you are a white male and you believe Jill Smith, who is a black female, and is in a similar position was treated better under similar conditions.

Item #7 and 8. See instructions for Item # 6 above and provide similar information for additional harms, if any.

Item # 9. **(Retaliation)** Complete if you believe you were harmed because you testified as a witness in an EEO discrimination complaint, aided another employee in the preparation of an EEO discrimination complaint, made or filed an EEO complaint with your employer, EEOC, or TWCCRD, or assisted in an EEO discrimination investigation.

***If you filed this complaint with a local commission or the EEOC, the TWCCRD will not be able to investigate your complaint. If you have not filed this complaint, proceed to the [Intake Questionnaire](#).**