City of Portsmouth Human Rights Commission
Fair Employment and Housing Intake Form

The Human Rights Commission is administered by the City of Portsmouth, Office of Community Development located at 728 Second Street Portsmouth, Ohio 45662. If you need assistance filling out this form call (740) 354-5673 or email tshearer@porstmouthoh.org.

Complainant Name: Telephone Number:

_____

Address Email Address:

_____

_____

Do you need an interpreter during the complaint process Yes____ No____
If yes, indicate language_____

Respondent Name: Telephone Number:

_____

Address Email Address

_____

_____

Number of employees _____

Add Co-Respondent:

Name:

_____

Title:

_____

Address:

_____

Telephone Number:

_____

Dates of Harm:

First Date of Harm (Month/Day/Year):

_____

Last Date of Harm (Month/Day/Year):

_____

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1.) **I ALLEGE THAT I EXPERIENCED:** ☐ Discrimination ☐ Harassment

BECAUSE OF MY ACTUAL OR PERCEIVED:

☐ AGE (40 and over)

☐ ANCESTRY

☐ ASSOCIATION WITH A MEMBER OF A PROTECTED CLASS

☐ COLOR

☐ DISABILITY (physical or mental)

☐ FAMILY CARE OR MEDICAL LEAVE (CFRA) (employers of 5 or more people) includes pregnancy, childbirth, breastfeeding, and/or related medical conditions; baby bonding; care for self or child, parent, grandparent, sibling, spouse, or domestic partner.

☐ GENDER IDENTITY OR EXPRESSION

☐ GENETIC INFORMATION OR CHARACTERISTIC

☐ MARITAL STATUS

☐ MEDICAL CONDITION (cancer or genetic characteristic)

☐ MILITARY AND VETERAN STATUS

☐ NATIONAL ORIGIN (includes language restrictions)

☐ RACE

☐ RELIGIOUS CREED

☐ SEX/GENDER

☐ SEXUAL HARASSMENT – hostile environment

☐ SEXUAL HARASSMENT – quid pro quo

☐ SEXUAL ORIENTATION

☐ OTHER (specify)

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AS A RESULT, I WAS:

- ☐ Asked impermissible non-job-related questions
- ☐ Demoted
- ☐ Denied accommodation for pregnancy
- ☐ Denied accommodation for religious beliefs
- ☐ Denied any employment benefit or privilege
- ☐ Denied employer paid health care while on pregnancy disability leave
- ☐ Denied equal pay (includes violations of the Equal Pay Act)
- ☐ Denied Family Care or Medical Leave (CFRA) (employers of 5 or more people) includes pregnancy, childbirth, breastfeeding, and/or related medical conditions; baby bonding; care for self or child, parent, grandparent, sibling, spouse, or domestic partner.
- ☐ Denied Hire or promotion
- ☐ Denied or forced to transfer
- ☐ Denied reasonable accommodations for a disability
- ☐ Denied the right to wear pants
- ☐ Denied work opportunities or assignments
- ☐ Forced to quit
- ☐ Laid off
- ☐ Reprimanded
- ☐ Suspended
- ☐ Terminated
- ☐ Other (specify)

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I ALLEGE THAT I EXPERIENCED: ☐ Retaliation

BECAUSE I:

- ☐ Participated as a witness in a discrimination or harassment complaint
- ☐ Reported or resisted any form of discrimination or harassment
- ☐ Reported patient abuse (hospital employees only)
- ☐ Requested or used a disability-related accommodation
- ☐ Requested or used a religious accommodation
- ☐ Requested or used Family Care or Medical Leave (CFRA) (employers of 5 or more people) includes pregnancy, childbirth, breastfeeding, and/or related medical conditions; baby bonding; care for self or child, parent, grandparent, sibling, spouse, or domestic partner.

AS A RESULT, I WAS:

- ☐ Asked impermissible non-job-related questions
- ☐ Demoted
- ☐ Denied accomodation for pregnancy
- ☐ Denied accomodation for my religion
- ☐ Denied any employment benefit or privilege
- ☐ Denied employer paid health care while on pregnancy disability leave
- ☐ Denied equal pay (includes violations of the Equal Pay Act)
- ☐ Denied Family Care or Medical Leave (CFRA) (employers of 5 or more people) includes Pregnancy, childbirth, breastfeeding, and/or related medical conditions; baby bonding; care for self or child, parent, grandparent, sibling, spouse, or domestic partner.
- ☐ Denied hire or promotion
- ☐ Denied or forced to transfer
- ☐ Denied resonable accomodation for a disability
- ☐ Denied the right to wear pants
- ☐ Denied work opportunities or assignments

- ☐ Forced to quit
- ☐ Laid off
- ☐ Reprimanded
- ☐ Suspended
- ☐ Terminated
- ☐ Other (specify)_____

2. Do you have an attorney who agreed to represent you in this matter? ☐ Yes ☐ No

   If yes, please provide the attorney's contact information.

COMPLAINANT'S REPRESENTATIVE INFORMATION

Attorney Name: _____

Attorney Firm Name:_____

Attorney Address: _____

Attorney City, State, and Zip: _____

Briefly describe what you believe to be the reason(s) for the discrimination, harassment, or retaliation. (Optional)

_____

_____

_____

_____

_____

_____

_____

_____

_____

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DEMOGRAPHIC INFORMATION

THIS INFORMATION IS OPTIONAL AND IS ONLY USED FOR STATISTICAL PURPOSES.

Primary Language: _____ D.O.B._____

GENDER/GENDER IDENTITY:

☐ MALE ☐ FEMALE ☐ NON-BINARY ☐ OTHER

MARITAL STATUS:

☐ SINGLE ☐ MARRIED ☐ COHABITATION ☐ DIVORCE

RACE:

☐ AMERICAN INDIAN, NATIVE AMERICAN OR ALASKAN NATIVE

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

☐ ASIAN

☐ WHITE

☐ BLACK OR AFRICAN AMERICAN

☐ OTHER

ETHNICITY:

☐ HISPANIC OR LATINO

☐ NON-HISPANIC OR LATINO

NATIONAL ORIGIN:

☐ AFGHANI	☐ GERMAN	☐ JAPANESE	☐ OTHER MIDDLE EASTERN
☐ AMERICAN	☐ GHANAIAN	☐ KOREAN	☐ PAKISTANI
☐ ASIAN INDIAN	☐ GUAMANIAN	☐ LAOTIAN	☐ PUERTO RICAN
☐ BANGLADESHI	☐ HAITIAN	☐ LEBANESE	☐ SALVADORAN
☐ CAMBODIAN	☐ HAWAIIAN	☐ MALAYSIAN	☐ SAMOAN
☐ CANADIAN	☐ HMONG	☐ MEXICAN	☐ SRI LANKAN
☐ CHINESE	☐ INDONESIAN	☐ NIGERIAN	☐ SYRIAN
☐ CUBAN	☐ IRANIAN	☐ OTHER	☐ TAIWANESE
☐ DOMINICAN	☐ IRAQI	☐ OTHER AFRICAN	☐ THAI
☐ EGYPTIAN	☐ IRISH	☐ OTHER ASIAN	☐ TONGAN
☐ ENGLISH	☐ ISRAELI	☐ OTHER CARIBBEAN	
☐ ETHIOPIAN	☐ ITALIAN	☐ OTHER EUROPEAN	
☐ FILIPINO	☐ JAMAICAN	☐ OTHER HISPANIC/LATINO	

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DISABILITY:

- ☐ AIDS or HIV
- ☐ BLOOD CIRCULATION
- ☐ BRAIN/NERVES/MUSCLES
- ☐ DIGESTIVE/URINARY/REPRODUCTION
- ☐ HEARING
- ☐ HEART
- ☐ LIMBS (ARMS/LEGS)
- ☐ MENTAL
- ☐ SIGHT
- ☐ SPEECH/RESPIRATION
- ☐ SPINAL/BACK
- ☐ OTHER DISABILITY

RELIGION:

- ☐ AGNOSTIC
- ☐ ATHEIST
- ☐ BAHAI
- ☐ BUDDHISM
- ☐ CATHOLICISM
- ☐ CHRISTIANITY
- ☐ CONFUCIANISM
- ☐ HINDUISM
- ☐ ISLAM
- ☐ JEHOVAH'S WITNESS
- ☐ JUDAISM
- ☐ NEO-PAGANIS
- ☐ NONRELIGIOUS
- ☐ PROTESTANTISM
- ☐ PRIMAL-INDIGENOUS
- ☐ QUAKERS
- ☐ RASTAFARIANISM
- ☐ SPIRITISM
- ☐ SHINTO
- ☐ SIKHISM
- ☐ TAOISM
- ☐ UNITARIAN-UNIVERSALISM
- ☐ ZOROASTRIANISM
- ☐ OTHER

SEXUAL ORIENTATION:

☐ STRAIGHT OR HETEROSEXUAL ☐ GAY OR LESBIAN ☐ BISEXUAL ☐ OTHER