

INTAKE QUESTIONNAIRE Texas Workforce Commission Civil Rights Division (TWCCRD)		DATE RECEIVED BY TWCCRD For Office Use Only EEOC# _____; TWCCRD# _____ I want this charge filed with both the State or local Agency and the EEOC. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I understand I have 180 days after the incident to file with the State as well as 300 days with the EEOC and if I fail to file with either office, I might lose the right to make a court claim against my employer.
If returning by mail:	101 East 15 th St., Room 144T Austin, Texas 78778-0001 (888)452-4778	

***Please indicate if you have previously filed this complaint with any of the agencies listed below:**

Texas Workforce Commission, Civil Rights Division Equal Employment Opportunity Commission (EEOC) Corpus Christi	City of Austin Equal Employment and Fair Housing Office Fort Worth Human Relations Department
Complaint Number: _____	Complaint Number: _____

FAILURE TO PROVIDE COMPLETE INFORMATION TO EACH ITEM OR RESPONDING WITH ATTACHEMENTS WILL DELAY PROCESSING OF YOUR COMPLAINT.

1. BASIS: I believe I have been harmed because of my age, race, sex, color, national origin, religion, disability, or retaliation in violation of federal (ADEA, Title VII, ADA) and state law (TCHRA). I have selected (X) **ONLY** the basis I am filing under.

Age: _____ (ADEA & TCHRA)	Color: _____ (Title VII & TCHRA)	National Origin: _____ (Title VII & TCHRA)	Race: _____ (Title VII & TCHRA)
Date of Birth Required if Age is basis: _____ (month/day/year)	Color Required if Color is basis: _____	National Origin Required if National Origin is basis: _____	Race Required if Race is basis: _____
Religion: _____ (Title VII & TCHRA)	Sex: _____ (Title VII & TCHRA)	Disability: _____ (ADA)	Retaliation: _____ (ADA, ADEA, Title VII, TCHRA)
Religion Required if Religion is basis: _____	Gender Required if Sex is basis: _____		I participated in a protected Activity.

2. Complainant:
(First, Middle Initial, Last)

3. Complainant Attorney or Representative:

Address Line 1
Address Line 2
City/State/Zip
Home Phone #
Other Phone #

Address Line 1
Address Line 2
City/State/Zip
Phone #
Fax #

4. Name of Employer

(Respondent):
(Name of employer. If employer has less than 15 employees and not a city/county/ state government, TWCCRD does not have jurisdiction)

5. HR Personnel Officer:

Address Line 1
Address Line 2
City/State/Zip
Phone #
No. of employees:

Address Line 1
Address Line 2
City/State/Zip
Phone #
Fax #

Employment Harms or Actions

Severance Pay(B5)
Demotion(D1)
Discharge(D2)
Discipline(D3)
Harassment(H1)

Hiring(H2)
Layoff(L1)
Promotion(P3)
Reasonable Accommodation(R6)
Sexual Harassment(S4)

Suspension(S5)
Terms & Conditions(T2)
Training(T4)
Wages(W1)
Other: _____

6. Basis for harm 1: (Refer to Item 1 and list all that apply)	Issue for harm 1: (Refer to page 1's List of employment harms or actions taken)	Date of harm 1:
_____	_____	_____
Explain:		
Employer's Reason 1		
Others treated more favorably than you		
7. Basis for harm 2: (Refer to Item 1 and list all that apply)	Issue for harm 2: (Refer to List of employment harms or actions taken)	Date of harm 2:
_____	_____	_____
Explain:		
Employer's Reason 2		
Others treated more favorably than you		
8. Basis for harm 3: (Refer to Item 1 and list all that apply)	Issue for harm 3: (Refer to List of employment harms or actions taken)	Date of harm 3:
_____	_____	_____
Explain:		
Employer's Reason 3		
Others treated more favorably you		
9. Retaliation: I 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 my employer, EEOC, or TWCCRD, or assisted in an EEO discrimination investigation: No ___ or Yes ___ date (month, day, & year) ___ / ___ / ___		
SIGNATURE AND NOTARY		
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.		
_____	_____	_____
Signature of Complainant	Date	
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Month/day/year)		