



STATE OF DELAWARE DEPARTMENT OF LABOR
DIVISION OF INDUSTRIAL AFFAIRS
OFFICE OF ANTI-DISCRIMINATION

THANK YOU FOR CONTACTING THE DELAWARE DEPARTMENT OF LABOR, OFFICE OF ANTI-DISCRIMINATION. THE OFFICE OF ANTI-DISCRIMINATION IS A NEUTRAL ENFORCEMENT AGENCY RESPONSIBLE FOR ENFORCING THE ANTI-DISCRIMINATION LAWS¹ AND, AS SUCH, IS UNABLE TO PROVIDE LEGAL ADVICE OR GUIDANCE.

Statute of Limitations

A charge of employment discrimination must be filed within the time limits imposed by law. Under Delaware (and federal) law, a charge of employment discrimination must be filed within **300 days** of the date of harm in order for state statutes to apply.

Charge Filing Process

In order to begin the process of filing a charge of employment discrimination with the Office of Anti-Discrimination, you must first complete and return the attached Intake Questionnaire. **Please note that submission of the Intake Questionnaire does NOT complete the process of filing a charge of employment discrimination.**

Upon receipt of the completed Intake Questionnaire, the Office of Anti-Discrimination will schedule you for a charge filing appointment where you will complete the process of filing your charge of employment discrimination. You will be notified of the date and time of your charge filing appointment via regular mail.

The completed Intake Questionnaire and any supporting documentation may be submitted by mail, fax, email or in-person.

MAIL Delaware Department of Labor, Office of Anti-Discrimination
4425 N. Market Street, 3rd Floor
Wilmington, DE 19802

FAX (302) 622-4105

EMAIL DOL_AntiDiscrimination@state.de.us

IN-PERSON 4425 N. Market Street, 3rd Floor
Wilmington, DE 19802; OR

655 Bay Road, Suite 2H
Dover, DE 19901; OR

8-B Georgetown Plaza
Georgetown, DE19947

If you would like further information regarding the laws enforced by the Office of Anti-Discrimination or the charge filing process, please refer to our website dia.delawareworks.com or call (302) 761-8200.

¹ Title 19, Chapter 7 of the Delaware Code

**DELAWARE DEPARTMENT OF LABOR
OFFICE OF ANTI-DISCRIMINATION
INTAKE QUESTIONNAIRE**

Please complete all applicable sections of this form and return to the Delaware Department of Labor, Office of Anti-Discrimination. **PLEASE NOTE THAT SUBMISSION OF THE INTAKE QUESTIONNAIRE DOES NOT COMPLETE THE PROCESS OF FILING A CHARGE OF EMPLOYMENT DISCRIMINATION.** Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "Not Known." If a question is not applicable, write "N/A." **PLEASE PRINT.**

1. Personal Information

Last Name: _____ First Name: _____ MI: _____
Street or Mailing Address: _____ Apt or Unit #: _____
City: _____ County: _____ State: _____ Zip: _____
Phone Numbers: Home: () _____ Cell: () _____
Email Address: _____
Date of Birth: _____ Sex: Male Female

Please indicate which office location you find most convenient:

Wilmington Dover Georgetown

Please answer each of the next three questions.

i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply.

Black African American White Asian American Indian Alaskan Native
 Native Hawaiian Pacific Islander Bi-Racial Multi-Racial

iii. What is your National Origin (country of origin or ancestry)? _____

Please provide the name of a person we can contact if we are unable to reach you:

Last Name: _____ First Name: _____ MI: _____
Street or Mailing Address: _____ Apt or Unit #: _____
City: _____ County: _____ State: _____ Zip: _____
Phone Numbers: Home: () _____ Cell: () _____
Email Address: _____

2. I believe that I was discriminated against by the following organization(s) (Check those that apply and provide the Delaware location where you work(ed) or applied):

Employer Union Employment Agency Other (Please Specify) _____

Organization Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: () _____

Human Resources Director or Owner Name: _____

Phone: () _____

To your knowledge, does this organization have anti-discrimination and/or anti-harassment policies? Yes No

Number of Employees in the Organization in Delaware: (please check one)

Less than 4 4-14 15-100 101-200 201-500 More than 500

3. Your Employment Information.

Date Hired: _____ Job Title at Hire: _____

Job Title at Time of Alleged Discrimination: _____

Employment Status (please check one): Still employed Discharged Resigned

Date Resigned/Discharged: _____

4. What is the reason (basis) for your claim of employment discrimination?

(FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply.)

- Race Color (typically a difference in skin shade within the same race)
- National Origin (country of origin or ancestry) Sex Pregnancy Religion Disability
- Age (40 or older) Genetic Information Sexual Orientation Gender Identity
- Marital Status Victim of Domestic Violence or Stalking Family Care Responsibilities
- Reproductive Health Decisions Membership in Volunteer Emergency Responder Organization
- Retaliation (for initiating a complaint of employment discrimination, or opposing or participating in the investigation of a discriminatory employment practice)

If you checked color or religion, please specify: _____

If you checked genetic information, please indicate whether you are alleging discrimination on the basis of genetic testing, family medical history, or genetic services/education/counseling: _____

5. What happened to you that you believe was discriminatory?

- Discipline Suspension Discharge Transfer Demotion Harassment Failure to Promote
- Failure to Hire Failure to Accommodate (for disability, pregnancy, or religion ONLY)
- Other _____

Please explain. Describe the adverse action(s) taken against you. Include the date(s) of harm, the action(s) and the name(s) and title(s) of the person(s) who you believe discriminated against you. **Please attach pages if needed.** (Example: 10/01/2012 – discharged by Mr. John Doe, Office Manager).

A. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom?

His or her job title?

Answer question 8 ONLY if you are claiming harassment based on a protected class. If not, skip to question 9. Please add additional pages if needed.

8. What is your relationship to the harasser? Supervisor Co-worker Other _____

Did you complain to your employer? Yes No

If "Yes," when did you complain? _____ Did you complain verbally or in writing? _____

To whom did you complain? _____

How did your employer respond to your complaint?

Answer questions 9-11 ONLY if you are claiming discrimination based on disability. If not, skip to question 12. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
- I do not have a disability now, but I did have one
- No disability, but the organization treats me as if I am disabled

10. What is the disability or disabilities that you believe is/are the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Did you ask your employer for any accommodations, changes, or assistance to do your job because of your disability?

Yes No

If "Yes," when did you ask? _____ Did you ask verbally or in writing? _____

Who did you ask? _____

Describe the changes or assistance that you requested: _____

How did your employer respond to your request? _____

If "No," please indicate whether there were any accommodations or changes that would have assisted you in performing your job duties: _____

12. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if your claim alleges sex discrimination, provide the sex of each person; and so on. Use additional pages if necessary.

Of the persons in the same or similar situation as you, who was treated *better* than you?

A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated *worse* than you?

A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated *same* as you?

A. _____

B. _____

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. For each entry, please include the Full Name, Job Title, Address/Phone Number and a description of what you believe this person will tell us.

A. _____

B. _____

C. _____

14. Have you filed a charge previously on this matter with the EEOC?

Yes No

If "Yes," please provide the date of filing: _____

SIGNATURE

DATE



