



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
EEOC INQUIRY QUESTIONNAIRE**

ALDOT For Official Use Only - IIG
Inquiry Number: _____

State of Alabama Department of Transportation Inquiry Form

Thank you for contacting the U.S. Equal Employment Opportunity Commission ("EEOC").

Individuals who were formerly part of the "Reynolds Hiring Class" now have 180 days from the receipt of the notice decertifying the class to file a charge with EEOC.

According to the court decision, the Reynolds Hiring Class includes all African-Americans who claim they were denied hiring opportunities with the Alabama Department of Transportation (ALDOT) on the basis of race at any time between May 21, 1979 and March 19, 2015. Complete this form if you would like to begin the process of filing a charge of employment discrimination with the EEOC. Answer all questions completely and briefly. Please make sure your answers can be easily read. After completing this form, return it immediately to the EEOC Birmingham District Office, Ridge Park Place, 1130 22nd Street South, Suite 2000, Birmingham, AL 35205-2397, or to the receptionist if you are completing this form in an EEOC office.

Personal Information	Last Name: _____ First Name: _____ MI: _____	
	Home Phone: _____ Cell: _____ Email Address: _____	
	Street Address: _____ Apt or Unit #: _____	
	City: _____ County: _____ State: _____ Zip Code: _____	
	What is the best way to reach you? _____	
	What are the best days and times to reach you? _____	
	Date of Birth: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
General information about you that will allow us to serve all individuals better:		
i. Are you Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/> ii. Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
iii. What is your race? Please choose all that apply: American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/>		
White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		
iv. What is your National Origin (country of origin or ancestry)? _____		
Who can we contact if we are unable to reach you?	Name: _____ Relationship: _____	
Address: _____ City: _____ State: _____ Zip Code: _____		
Home Phone: _____ Cell: _____ Email Address: _____		
The organization you believe discriminated against you.	Organization Name: State of Alabama Department of Transportation 1409 Coliseum Boulevard Montgomery, AL 36110 State of Alabama Personnel Department 300 Folsom Administrative Building 63 North Union Street Montgomery, AL 36130-4100	
Actual job location (address) where you applied for a job (if different from the organization address):		
Street Address: _____ Suite #: _____		
City: _____ County: _____ State: _____ Zip Code: _____		
Why you believe you were discriminated against?	Do you believe you were denied hire because of your race, Black? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<p>Information about the job for which you applied.</p> <p>Please complete as much as you are able</p>	<p>How did you learn of available positions with the State of Alabama Department of Transportation?</p> <p>Job Advertisements <input type="checkbox"/> Other <input type="checkbox"/> Describe: _____</p> <p>How did you apply for employment?</p> <p>Paper Application <input type="checkbox"/> (In Person <input type="checkbox"/> / By Mail <input type="checkbox"/>)</p> <p>On-Line Portal <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Describe: _____</p> <p>How many times did you apply for employment? _____</p> <p>Job Title(s) for which you applied: _____</p> <p>Date(s) you applied: _____</p> <p>Were you asked to identify your race on the job application? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If Yes:</i> Did you identify your race on the job application: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Were you required to take a job-training program in order to work for this employer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Did you receive notification that you made the certificate(s) of eligible candidates? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Were you interviewed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If Yes:</i> When were you interviewed? _____</p> <p>Name of the person who conducted the interview: _____</p> <p>Title of the person who conducted the interview: _____</p>
<p>What reason(s), if any, were you given for not being hired?</p>	<p>Date you found out you were not hired: _____</p> <p>How were you informed that you were not hired? _____</p> <p>Reason: _____</p> <p>Who told you this? _____ His/Her Job Title: _____</p>
<p>Have you already filed a charge on this matter with the EEOC or other agency?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Date you filed: _____ Charge Number: _____</p> <p>EEOC <input type="checkbox"/> Other agency: _____</p>
<p>Have you sought help about this matter from a union, an attorney, or other source?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> Organization name: _____</p> <p>EEOC <input type="checkbox"/> Name of person you spoke with: _____ Date of Contact: _____</p> <p>Results, if any: _____</p>
<p>Privacy Act Statement</p>	<p>This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are: 1) FORM NUMBER/TITLE/DATE. EEOC INTAKE QUESTIONNAIRE [DATE]. 2) AUTHORITY. 42 U.S.C. § 2000e-5 (b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. §12117(a) 3) PRINCIPAL PURPOSE. The purpose of this form is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge counseling, if appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this form may serve as a charge if it includes all elements of a charge. 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters. 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's assessment of your situation. It is not mandatory that this form be used to provide the requested information. EEOC Form 5A. Issued January 2016.</p>



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
 CHARGE OF DISCRIMINATION (Form 5A)
 INSTRUCTION SHEET

Please keep this page for your records.

<p>What is the EEOC Charge of Discrimination (Form 5A)?</p>	<p>The EEOC Charge of Discrimination (Form 5A) is a written, signed document that includes the basis for your claim of employment discrimination, the circumstances of your claim, the name and address of the employer or organization you believe discriminated against you, and a request that the EEOC look into your claim of employment discrimination.</p>
<p>Why is the EEOC Charge of Discrimination (Form 5A) attached to this questionnaire?</p>	<p>Individuals who were formerly part of the “Reynolds Hiring Class” now have <u>180 days</u> from the receipt of the notice decertifying the class to file a charge with EEOC. According to the court decision, the Reynolds Hiring Class includes all African-Americans who claim they were denied hiring opportunities with the Alabama Department of Transportation (ALDOT) on the basis of race at any time between May 21, 1979 and March 19, 2015.</p> <p>EEOC believes you may be close to the deadline for filing your charge of discrimination. In order to protect your rights you are being provided with the Charge of Discrimination (Form 5A) to complete and return with your questionnaire.</p>
<p>What do I need to know about completing this Charge of Discrimination (Form 5A)?</p>	<p>The EEOC has drafted template language for the Reynolds Hiring Class and requires that you complete the charge by identifying the following:</p> <p>Your Personal Information If You Believe You Were Not Hired because of Your Race, Black Job Title for Which You Applied Date You Applied Date You were Informed that You Were Not Hired Please sign and Date the Charge of Discrimination</p>
<p>Privacy Act Statement</p>	<p>This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:</p> <p>1) FORM NUMBER/TITLE/DATE. EEOC INTAKE QUESTIONNAIRE [DATE].</p> <p>2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. §12117(a)</p> <p>3) PRINCIPAL PURPOSE. The purpose of this form is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge counseling, if appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this form may serve as a charge if it includes all elements of a charge.</p> <p>4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.</p> <p>5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's assessment of your situation. It is not mandatory that this form be used to provide the requested information. EEOC Form 5A. Issued January 2016.</p>



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
CHARGE OF DISCRIMINATION

ALDOT For Official Use Only
Charge Number:

Personal Information	Name (First, Middle, Last): _____
	Street Address: _____
	City: _____ State: _____ Zip Code: _____
	Telephone Number: _____ Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>
Information about the company or organization you believe discriminated against you.	Organization Name: State of Alabama Department of Transportation 1409 Coliseum Boulevard Montgomery, AL 36110
	State of Alabama Personnel Department 300 Folsom Administrative Building 63 North Union Street Montgomery, AL 36130-4100
Why you believe you were discriminated against?	Race <input type="checkbox"/>
What happened to you that you believe was discriminatory?	The State of Alabama Department of Transportation failed to hire me. Yes <input type="checkbox"/> No <input type="checkbox"/>
	I applied for the position of _____ on this date or date range _____ and I was informed that I was not hired on this date or date range _____
	I believe I was denied hire because of my race, Black, in violation of Title VII of the Civil Rights Act of 1964, as amended.
Signature and Verification	I understand by signing below that I am filing a charge of employment discrimination with the EEOC. I understand that the EEOC is required by law to give a copy of the charge, which includes my name, to the organization named above. I also understand that the EEOC can only investigate charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or based on retaliation for filing a charge of employment discrimination, helping in someone else's complaint about job discrimination, or complaining to the employer about job discrimination.
	I declare under penalty of perjury that the above is true and correct. Signature: _____ Date: _____