

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**



**PRE-CHARGE INQUIRY**

For Official Use Only – Inquiry Number: _____
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Thank you for contacting the U.S. Equal Employment Opportunity Commission (“EEOC”). The information you give us on this Pre-Charge Inquiry (Form 290A) will help us assist you and determine if your concerns are covered by the employment discrimination laws we enforce. Answer **all** questions completely and briefly. Please write clearly.

After completing this Pre-Charge Inquiry, **return it immediately** to the EEOC office identified in the cover letter to this Pre-Charge Inquiry, or to the receptionist if you are completing this Pre-Charge Inquiry in an EEOC office.

**Please note: This Pre-Charge Inquiry is not a Charge of Discrimination.**

The Pre-Charge Inquiry is **not intended** for use by applicants for federal jobs or employees of the US government. See [http://www.eeoc.gov/federal/fed\\_employees/complaint\\_overview.cfm](http://www.eeoc.gov/federal/fed_employees/complaint_overview.cfm) for discrimination complaints in federal jobs.

<b>Personal Information</b>	First Name: _____ MI: ____ Last Name: _____ Address: _____ Apt.: _____ City: _____ County: _____ State: ____ Zip Code: _____ Email: _____ Home Phone: (____) _____ Cell: (____) _____ What is the best way to reach you? _____ What are the best days and times to reach you? _____ Date of Birth: ____/____/____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (unspecified or another gender identity) Do you need language assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what do you need? _____ General information about you that will help us to serve all individuals better: i. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No ii. What is your race? Choose all that apply: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White iii. What is your National Origin or ancestry? _____
	Name: _____ Relationship: _____ Address: _____ City: _____ State: ____ Zip Code: _____ Email: _____ Home Phone: (____) _____ Cell: (____) _____

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<p><b>Who do you think discriminated against you?</b></p>	<p> <input type="checkbox"/> Employer    <input type="checkbox"/> Union    <input type="checkbox"/> Employment Agency    <input type="checkbox"/> Other  Name of organization where you work(ed) or applied to: _____  _____  Address: _____ Suite: _____  City: _____ County: _____ State: ____ Zip Code: _____  Organization Headquarters, if different from above:  Name: _____  Address: _____ Suite: _____  City: _____ County: _____ State: ____ Zip Code: _____  Name of Human Resources Director or Owner: _____  Email: _____ Phone: (____) _____  How many employees (estimated) does the organization have at all locations? Check one:  <input type="checkbox"/> Less than 15    <input type="checkbox"/> 15-100    <input type="checkbox"/> 101-200    <input type="checkbox"/> 201-500    <input type="checkbox"/> More than 500 </p>
<p><b>Why do you think you were discriminated against?</b></p>	<p>You believe you were discriminated against because of:</p> <p> <input type="checkbox"/> Race – Your race: _____  <input type="checkbox"/> Color – Your color: _____  <input type="checkbox"/> Religion – Your religion: _____  <input type="checkbox"/> Sex (including pregnancy, gender identity, or sexual orientation)  <input type="checkbox"/> National origin – Your national origin: _____  <input type="checkbox"/> Age (40 or older) – Your age at the time of the job action: _____  <input type="checkbox"/> Disability – Check all that apply:  <input type="checkbox"/> You have a disability  <input type="checkbox"/> You had a disability in the past  <input type="checkbox"/> You don't have a disability but you are treated as if you have a disability  <input type="checkbox"/> You are closely related to or associated with a person with a disability    What is the disability? _____  Is your employer aware of the disability?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, how?  _____  <input type="checkbox"/> Genetic information (including your genetic information, your family medical history, or your participation in genetic services like counseling, education, or testing)  <input type="checkbox"/> Retaliation – Check all that apply:  <input type="checkbox"/> You filed a charge of job discrimination  <input type="checkbox"/> You contacted a government agency to complain about job discrimination  <input type="checkbox"/> You complained to your employer about job discrimination  <input type="checkbox"/> You helped or were a witness in someone else's complaint about job discrimination  <input type="checkbox"/> You requested an accommodation for your disability or religion  <input type="checkbox"/> None of the above – The reason for this inquiry: _____ </p>

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<p><b>What happened to you that you think was discriminatory and when did it happen?</b></p>	<p>EXAMPLES: I was denied an accommodation I needed to perform my job; I was fired because I was pregnant; I was laid off because of my age.</p> <p>Date: ___/___/_____ Action: _____</p> <hr/> <p>Date: ___/___/_____ Action: _____</p> <hr/> <p>Name and Title of Person(s) Responsible: _____</p>
<p><b>What reason(s) were you given for this job action?</b></p>	<p>Reason(s) _____</p> <p>Who told you this? _____ Job Title: _____</p>
<p align="center"><b>Was another person in the same or similar situation treated the same, better, or worse than you?</b>  <b>EXAMPLES: Who else applied for the same job? Who else had the same attendance record? Who else had the same performance appraisal?</b></p>	
<p><b>Who was treated BETTER than you?</b></p>	<p>1. Name: _____ Job Title: _____</p> <p>Email/Phone: _____ Check how they are different from you:</p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability</p> <p>How were they treated better? _____</p> <p>_____ Date: ___/___/_____</p> <p>2. Name: _____ Job Title: _____</p> <p>Email/Phone: _____ Check how they are different from you:</p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability</p> <p>How were they treated better? _____</p> <p>_____ Date: ___/___/_____</p>
<p><b>Who was treated WORSE than you?</b></p>	<p>Name: _____ Job Title: _____</p> <p>Email/Phone: _____ Check how they are different from you:</p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability</p> <p>How were they treated worse? _____</p> <p>_____ Date: ___/___/_____</p>
<p><b>Who was treated the SAME as you?</b></p>	<p>Name: _____ Job Title: _____</p> <p>Email/Phone: _____ Check how they are different from you:</p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability</p> <p>How were they treated the same? _____</p> <p>_____ Date: ___/___/_____</p>

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<p><b>Are there any witnesses to any of the job actions taken against you? If yes, please provide their contact information and tell us what they will say.</b></p>	<p>1. Name: _____ Job Title: _____  Email: _____ Phone: (____) _____  What will they tell us? _____  _____</p> <p>2. Name: _____ Job Title: _____  Email: _____ Phone: (____) _____  What will they tell us? _____  _____</p>
<p><b>Have you already filed a charge on this matter with the EEOC?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  If yes: Date you filed: ____/____/_____ Charge Number: _____</p>
<p><b>Have you filed a complaint on this matter with another agency?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  If yes: Agency name: _____  Date you filed: ____/____/_____ Complaint Number: _____</p>
<p><b>Do you have someone representing you in this matter?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  If yes: <input type="checkbox"/> Attorney    <input type="checkbox"/> Union    <input type="checkbox"/> Other  Name: _____ Date of Contact: ____/____/_____  Email: _____ Phone: (____) _____</p>
<p><b>Privacy Act Statement</b></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) EEOC PRE-CHARGE INQUIRY, FORM 290A, ISSUED APRIL 2018. 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. 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 Pre-Charge Inquiry, Form 290A, issued April 2018.</p>
<p>Please note: You must file a charge of job discrimination within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located where a state or local government agency enforces job discrimination laws on the same bases as the EEOC's laws. <b>This Pre-Charge Inquiry is not a charge.</b> If you would like to file a charge of discrimination immediately, contact the EEOC office on the cover letter. We recommend that you keep a copy of your completed Pre-Charge Inquiry and the Cover Letter for your records.</p>	

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