



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

PRE-CHARGE INQUIRY

For Official Use Only - Inquiry Number:

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.

After completing this Pre-Charge Inquiry, you may mail, drop-off, or fax it to the EEOC office closest to you. Please refer to the list of EEOC offices on the webpage to find the closest office. Your answers on the Pre-Charge Inquiry will help us see if your concerns are covered by the laws we enforce

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 for discrimination complaints in federal jobs.

Form with two main sections: 'Personal Information' and 'Who do you think discriminated against you?'. Includes fields for name, phone, address, birth date, sex, race, and organization details.

THIS PRE-CHARGE IS NOT A CHARGE OF DISCRIMINATION

<p>Why do you think you were discriminated against?</p>	<p>I think I was discriminated against because of:</p> <p><input type="checkbox"/> Race - Your race: _____</p> <p><input type="checkbox"/> Color - Your color: _____</p> <p><input type="checkbox"/> Religion - Your religion: _____</p> <p><input type="checkbox"/> Sex (including pregnancy, gender identity, or sexual orientation)</p> <p><input type="checkbox"/> National Origin - Your national origin: _____</p> <p><input type="checkbox"/> Age (40 or older) - Your age at the time of the adverse employment action: _____</p> <p><input type="checkbox"/> Disability - Check all that apply:</p> <p><input type="checkbox"/> I have a disability</p> <p><input type="checkbox"/> I had a disability in the past</p> <p><input type="checkbox"/> I don't have a disability but I am treated as if I have a disability</p> <p><input type="checkbox"/> I am closely related to or associated with a person with a disability</p> <p>The disability involved: _____</p> <p>Is your employer aware of your condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how? _____</p> <p><input type="checkbox"/> Genetic Information, my family medical history, or my participation in genetic services like counseling, education or testing</p> <p><input type="checkbox"/> Retaliation - Check all that apply:</p> <p><input type="checkbox"/> I filed a charge of job discrimination about any of the above</p> <p><input type="checkbox"/> I contacted a government agency to complain about job discrimination</p> <p><input type="checkbox"/> I complained to my employer about job discrimination</p> <p><input type="checkbox"/> I helped or was a witness in someone else's complaint about job discrimination</p> <p><input type="checkbox"/> I requested an accommodation for my disability or religion</p> <p><input type="checkbox"/> None of the above - The reason for this inquiry: _____</p>
<p>What happened to you that you think was discriminatory and when did it happen?</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. State the dates the action happened.</p> <p>Date: _____ Action: _____</p> <p>_____</p> <p>Date: _____ Action: _____</p> <p>_____</p> <p>Name of Person(s) Responsible: _____</p>
<p>What reason(s) were you given for this job action?</p>	<p>Reason(s): _____</p> <p>_____</p> <p>Who told you this? _____ His/Her Job Title: _____</p>

What is your job, previous job, or the job you applied for?	Date Hired: _____ Job Title at Hire: _____
	Annual Pay Rate When Hired: _____ Last or Current Annual Pay Rate: _____
	Job Title at Time of Alleged Discrimination: _____
	Date Your Employment Ended: _____ Select One: Quit <input type="checkbox"/> Discharged/Laid off <input type="checkbox"/>
	Name and Title of your Immediate Supervisor: _____
	Job Applicants - What was the title of the job you applied for: _____
Date you applied: _____ Date you found out you were not hired: _____	

**Was another person in the same or similar situation treated the same, better, or worse than you?
 EXAMPLES: Who else applied for the same job? Who else had the same attendance record? Who else had the same performance appraisal?**

Who was treated BETTER than you?	1. Name: _____ Job Title: _____ Email: _____ Check how they are different from you: 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 <input type="checkbox"/> How were they treated better? _____ _____ Date: _____
	2. Name: _____ Job Title: _____ Email: _____ Check how they are different from you: 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 <input type="checkbox"/> How were they treated better? _____ _____ Date: _____

Who was treated WORSE than you?	Name: _____ Job Title: _____ Email: _____ Check how they are different from you: 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 <input type="checkbox"/> How were they treated worse? _____ _____ Date: _____
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Who was treated the SAME as you?	Name: _____ Job Title: _____ Email: _____ Check how they are different from you: 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 <input type="checkbox"/> How were they treated the same? _____ _____ Date: _____
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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.	1. Name: _____ Job Title: _____ Email: _____ Phone: (_____) _____ What will they tell us? _____ _____
	2. Name: _____ Job Title: _____ Email: _____ Phone: (_____) _____ What will they tell us? _____ _____

Have you already filed a charge on this matter with the EEOC?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Date you filed: _____ Charge Number: _____
Have you filed a complaint on this matter with another agency?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Agency Name: _____ Date you filed: _____ Complaint Number: _____
Do you have someone representing you in this matter?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Attorney <input type="checkbox"/> Union <input type="checkbox"/> Other <input type="checkbox"/> Name: _____ Date of contact: _____ Email: _____ Phone: _____
Who can we contact if we are unable to reach you?	Name: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Email: _____ Home Phone (___) _____ Cell (___) _____
Privacy Act Statement	<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 OCTOBER 2017. 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 October 2017.</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 basis as the EEOC's laws. This Pre-Charge Inquiry is not a charge. If you would like to file a charge of discrimination immediately, contact the EEOC office closest to you. A list of our offices is on our webpage. 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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