

Civil Liberties Advocates (CLA)

30850 Telegraph Road, Suite 200
Bingham Farms, MI 48025
www.chaldeanchamber.com

Intake Questionnaire

1. Type or print in dark ink, CLEARLY.
2. Incomplete or unclear Questionnaire forms will be returned.
3. **Enclose copies of supporting documents concerning the complaint.**
 - a **HR Complaint, HR Personnel File, Email Communication, Police/FBI or EEOC or MDCR Reports, etc.**
4. Submit via postal mail, facsimile or electronic transmission.

Please return completed to:

**Chaldean American Chamber of Commerce
Civil Liberties Advocates (CLA) Committee**
30850 Telegraph Road, Suite 200
Bingham Farms, MI 48025; or
FAX: (248) 996-8342
info@chaldeanchamber.com

Today's Date: _____

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: (____) _____

Work: (____) _____ | Cell: (____) _____

Email Address: _____

Sex: Male___ Female___ | What Is Your Race/Ethnicity: _____

Do You Have a Disability? Yes___ No___ | Who Referred you to CLA: _____

Do You Speak English? Yes___ No___ | What is your Native Language: _____

Do You Require Language Assistance: Explain: _____

Preferred means of contact regarding your complaint:

Home Phone: _____ Cell Phone: _____ Email: _____.

What Are Your Expectations from the Civil Liberties Advocates (CLA) Committee regarding this Complaint?

What Are Your Expectations regarding resolving these issues from Your Employer regarding this Complaint?

Please provide the full name of the company, business, employer, etc. that you are filing a complaint against:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Incident(s): _____

Please check all of the following that apply, regarding the nature (basis) of your complaint:

Race: _____ Employment: _____ Religion: _____ Color: _____ Age: _____

Verbal/Physical incident _____

National Origin: _____ Harassment: _____ Education: _____ Handicap: _____ Ethnic Intimidation _____

Lending Institution: _____ Retaliation: _____ Housing: _____ Other (Explain why below): _____

Explain your primary issue below (attach additional pages if necessary):

Date: _____

Action: _____

Timeline of Events: (Be very specific – Date, Time, Witnesses, Descriptions of Events; Verbal or Physical incidents)

Date _____

Date _____

Date _____

Date _____

Date _____

Date _____

Name and Title of Person(s) Responsible:

Date: _____

Action: _____

Date: _____

Action: _____

Date: _____

Action: _____

Why do you believe these Actions were discriminatory?

What Reason(s) were given to you for the acts you consider discriminatory?

By Whom: _____

Job Title: _____

Date: _____

Have you complained to your Employer (if applicable)? If yes, please explain.

Date: _____

Name, Title: _____

Describe Treatment or Follow-up: _____

Have you requested your Personnel Record of File pursuant to the Bullard-Plawecki Employee Right to Know Act? (if so, (Provide ALL DOCUMENTS))

Date: _____

Have you complained or filed with another agency (EEOC, MDCR, Police, FBI)?

If yes, please explain. (Provide ALL DOCUMENTS)

Date: _____

Case #: _____

Agency: _____

Case# Still Active: _____

Provide Agency Investigation Updates:

If you have filed with any Agency (EEOC, MDCR, Police, FBI, or this committee CLA), did you tell your Employer or Human Resources Person? (If so, are there any retaliation claims; please EXPLAIN in details and PROVIDE DOCUMENTS)

Date: _____

Have you spoken to Legal Counsel or a Union? (Provide ALL DOCUMENTS)

Date: _____

Do you have any Witnesses who can and will support your claim? If so, please fill out their names, addresses, phone numbers and any information they will provide.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

Information they will provide:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Information they will provide:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Information they will provide:

Do you have any documents or other evidence to support your claim? If so, please attach copies.

Yes: _____ No: _____

Have you tried to resolve your complaint through a formal or informal grievance procedure?

Yes (Please explain below): _____ No: _____

Are you a member or past member of the Chaldean American Chamber of Commerce

Yes (current member): _____ Yes (former member): _____ No: _____

Read and sign below:

I certify that this information is true and correct to the best of my knowledge. The Civil Liberties Advocates (CLA) will carefully evaluate your allegations to determine if a formal investigation will be initiated. If the Civil Liberties Advocates (CLA) does not open an investigation, this action should not be considered a determination of the merits of your allegations or the results of any finding of fact or law. The Civil Liberties Advocates (CLA), by way of accepting this document, does not assume responsibility or representation or to give legal advice. The Civil Liberties Advocates (CLA) will utilize its resources and best judgment to educate community members about their options about their conflicts and access to the legal process.

By signing this form, I do solemnly swear that I am the complainant in this matter, or have permission to file on behalf of the complainant who is unable to file for his or herself; that all statements are correct and true to the best of my knowledge, and therefore, request the Civil Liberties Advocates (CLA) to fully investigate this matter. If a legal situation arises, I must contact an attorney or statutory attorney.

***Please Note: There may be time restrictions for asserting certain legal claims and you should contact an attorney as soon as possible to ensure compliance with any time requirements.*

Signature of Complainant: _____

Date: _____

I hereby direct and release to my authorized Civil Liberties Advocates (CLA) representative any and all information deemed confidential by photocopy of this authorization to be accepted in lieu of the original. I further understand that the Civil Liberties Advocates (CLA) will make all reasonable efforts to protect the confidentiality of any information obtained, and will not hold the organization liable for any damage arising from the release of information obtained. This authorization shall be effective until this matter is either resolved or rescinded in writing.

Signature of Complainant: _____

Date: _____

***Please Note: Have copies made of any documents you want to include with this form. Please do not leave your original copies.*

Processed by the Civil Liberties Advocates (CLA)

Representative: _____

Date: _____ **Method of Delivery to CLA Office:** _____

PRIVACY ACT STATEMENT: 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. CLA Intake Questionnaire (07/01/15). **2) PRINCIPAL PURPOSE.** The purpose of this questionnaire is to solicit information about claims of employment discrimination. **3) ROUTINE USES.** CLA may disclose information from this form to committee members and other state, local and federal agencies as appropriate or necessary to carry out the investigative functions. CLA may also disclose information in response to inquiries from parties to the charge, to disciplinary committees investigating complaints or to federal agencies inquiring about above claims and related matters.

July 2015

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