DISABILITY QUESTIONNAIRE (EMPLOYMENT CASES)

Palm Beach County Office of Equal Opportunity 301 North Olive Avenue, 10th Floor – West Palm Beach, FL 33401 Telephone: (561) 355-4883 | FAX: (561) 355-4932 | TDD: (561) 355-1517

http://www.pbcgov.com/equalopportunity

In order to process and further investigate your complaint of employment discrimination, we need your help in answering each of the following questions. These questions relate to how they apply to you as a person who has a disability and who is filing a claim of discrimination under Palm Beach County's Equal Employment Ordinance and the Americans with Disabilities Act (ADA). (These questions also apply to a disabled person whom you may be assisting in filing a complaint, or if you are filing a complaint because you have suffered discrimination because you are associated with a person who is disabled.) If you do not understand any question or if you need assistance in preparing your response, please contact an OEO Equal Opportunity Specialist at (561) 355-4883.

NOTE: This document will be made available in an alternate format to any person who needs an accommodation. Requests for an alternate format document should be made to the Office of Equal Opportunity at the above telephone number.

1.	My name is		
2.		Middle Name or Initial	Last
	in the City of		
	State of	•	
3.	My daytime telephone number, including the area cod	de, is	
4.	My evening telephone number, including the area coo	de, is	
	My evening telephone number, including the area coordinates for the second seco	de, is	
IN Un		e Americans with Disabilities Act definition, please state whether o	(ADA), a person is considered disabled in or not you believe it applies to you or the
IN Un	FORMATION ABOUT YOUR DISABILITY Ider the County's Equal Employment Ordinance and the model of the definitions listed below. For each of the definitions listed below.	e Americans with Disabilities Act definition, please state whether o the person with whom you are as	(ADA), a person is considered disabled in or not you believe it applies to you or the asociated.
IN Un the	FORMATION ABOUT YOUR DISABILITY Ider the County's Equal Employment Ordinance and the sy meet one of the definitions listed below. For each or rson(s) that you are assisting in filing a complaint, or the system of the system o	e Americans with Disabilities Act definition, please state whether o the person with whom you are as	(ADA), a person is considered disabled in or not you believe it applies to you or the asociated.
Un the pe	IFORMATION ABOUT YOUR DISABILITY Inder the County's Equal Employment Ordinance and the ley meet one of the definitions listed below. For each or rson(s) that you are assisting in filing a complaint, or to be you (or the person you are assisting) have a physical complaint.	e Americans with Disabilities Act definition, please state whether o the person with whom you are as	(ADA), a person is considered disabled in or not you believe it applies to you or the asociated.
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3.	As a result of a physical or mental impairment, are you substantially limited in performing one or more major life activities? ☐ Yes ☐ No		
4.	Which of the following major life activities does your disability Seeing Hearing Speaking Walking Taking care of oneself Working Performing manual tasks Standing	impair? (Please check all boxes that apply.) □ Reaching □ Breathing □ Learning □ Sitting □ Lifting □ Other (Please describe)	
5.	What percentage (%) of your job requires the activity or activities that you have identified in response to Question 4 above? Less than 10% More than 10% but less than 33% More than 33% but less than 50% More than 50%		
6.	Are you disabled as a result of a work-related injury? □ Yes □ No		
7.	Is your disability permanent? □ Yes □ No		
8.	If you answered "No" to Question 7, how long is your disability expected to persist?		
9.	Is there a record or a history of such physical or mental impairment which limits one or major life activities? \Box Yes \Box No		
10.	What is (was) your job title?		
11.	Describe your job duties/responsibilities:		
12.	Do you believe that your employer knows about your disability? ☐ Yes ☐ No		
13.	Did you request that the employer make any accommodations for you because of your disability? $\ \square$ Yes $\ \square$ No		
14.	If you requested an accommodation, what was it?		

	When did you make the request?
	Was it a written or verbal request?
	To whom did you make the request?
15	What was the employer's response to your request for an accommodation?
10.	That was the employer's response to your request for an accommodation.
16.	Please indicate what you think the employer needs to do to enable you to perform your job: Assign part of your job duties to a co-worker
	☐ Make certain facilities accessible
	 □ Purchase or change equipment □ Reassign you to a vacant position
	□ Change your work schedule
	□ Change a company policy □ Other (Specify)
17.	Additional comments, if any (DO NOT PROVIDE MEDICAL RECORDS!)

Signed
Printed Name

Date Signed_

Under penalty of perjury, I declare that I have read the entire contents of this Questionnaire and that my answers and statements



contained herein are true and correct.

Below is an explanation of what you can expect regarding how your complaint will be processed in our office.

- You should expect to receive a call or letter from the Equal Opportunity Specialist (EOS) assigned to your complaint within 30 days from the date we received your completed employment discrimination intake questionnaire. Depending on the type of complaint and the issues associated with your complaint, the review process may take several weeks after we have all the needed information to process your complaint.
- All complaints received are not accepted and referred for investigation.
- The EOS does NOT communicate or make contact with the person(s) you are complaining about during the review process.
- We do NOT advocate or represent you (the complainant(s)) or the person(s) you are complaining about (respondent(s)).
- We conduct a review of your complaint to determine if the issue(s) you are complaining about meet the jurisdictional or allowable requirements of the fair housing laws.
- You will be asked to answer specific questions which are necessary for us to determine if your complaint can be accepted and referred for investigation.
- You will also be asked to provide documents necessary to complete the review of your complaint.
- Be advised that our office is responsible for reviewing all complaints received for all persons making a complaint involving allegations of housing discrimination within Palm Beach County. We process complaints in the order received. Therefore, in the interest of assuring a thorough review of your complaint, your patience is appreciated.

Complaints NOT Accepted for Investigation:

IF after reviewing your complaint and documents, it is not accepted for referral for investigation:

- You will receive correspondence giving you the reason(s) why your complaint was <u>not accepted</u> for investigation and why the file will be closed.
- In some instances, we may refer you to a different County department or outside agency that may be able to help you with your non-jurisdictional complaint.

7 Updated: 06/2017

Complaints Accepted and Referred for Investigation:

IF your complaint is accepted and referred for investigation:

- The EOS will prepare the formal charge of discrimination for your signature. The summary of allegations will be written in a different format from the information you originally provided.
- Additionally, the charge will include your name and address and the name and address of the business alleged to have violated equal employment law(s).
- You should review the document carefully to ensure that it is consistent with your allegations, sign it and return it to the EOS as soon as possible (ASAP). If you do not agree with the summary of allegations, **do NOT write on the actual document,** you should contact the EOS ASAP.
- If you do not return the signed charge your case will NOT be referred for investigation, therefore, it will be closed due to your failure to respond.
- Upon receipt of the signed charge, the EOS will send you and the business you complained about a
 formal letter giving you the case name, number and the contact information regarding the
 investigation. The EOS then transfers your file for investigation and the EOS no longer has
 responsibility for your file or regarding your case.
- Your case will be pending assignment to an investigator after we receive the signed charge from you and response from the business. Please note that it may take several months after we receive the response from the business before the case is assigned to an investigator as we generally assign cases in the order in which they are filed. All further communication should be with the assigned investigator.
- The assigned investigator will then contact you and the business you complained about to begin the investigation.
- You should keep all documents related to your charge such as receipts, letters, newspaper or internet ads, telephone numbers, tapes, photos, etc. in a safe place because the assigned investigator will need them. PLEASE NOTE THAT INFORMATION PROVIDED TO THE OEO ARE PUBLIC RECORDS AND OPEN TO THE PUBLIC AS PROVIDED BY LAW. DO NOT PROVIDE OEO WITH RECORDS YOU DO NOT WANT TO BE PUBLIC.
- You will also be asked to write down a timeline of what happened that led you to file the complaint. The timeline will assist the investigator in the investigation.
- The assigned investigator will also discuss options for settlement of your case if both parties agree to participate in conciliation.

We appreciate your patience and cooperation. Thank you.

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