

# DISABILITY DISCRIMINATION QUESTIONNAIRE

*These questions may provide additional guidance when describing disability discrimination. For complete definitions please see*

[\[Interim\] Rule 1-012](#)

**Disability Discrimination** is being treated differently because of your disability or because someone assumes you have a disability. A disability is defined as a "substantial impairment of a major life activity"

Disability discrimination can also include being **denied a reasonable accommodation** for your disability. A reasonable accommodation is a reasonable adjustment to the way of doing things that allows you to do your job, access the classroom, receive patient care, or otherwise interact with the University in the ways to choose.

## ADDITIONAL QUESTIONS - DISCRIMINATION BASED ON DISABILITY

**READ: Fill out this page if you are claiming discrimination based on a disability.  
If not, go to page 7**

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1. Check any of the boxes below that apply:

Yes, I have a disability.

I had a disability.

No disability. I am treated by the organization as if I have one.

2. What is your disability that is the basis for filing this complaint?

3. Describe your limitations related to your disability (For example, I cannot lift more than 10 lbs, or I have I have difficulty concentrating):

4. Describe how your limitations impact or your activities. Activities include, but are not limited to working, walking, lifting, standing, breathing, caring for oneself, seeing, hearing, learning, reading, concentrating, thinking, communicating, working, etc. (For example, my limitations limit my ability to work an 8 hour workday).

5. Have you asked for any changes to your job, academic work, patient care, etc. because of your disability? Or have you asked for any assistance? Or have you requested a disability accommodation

If you answered yes, what was the date you asked?

Did you ask in writing or verbally?

Who did you ask (name and job title)?

How was your request received (you may use additional pages if needed)?

6. Did anyone witness events or things you believe were discriminatory? If so, please list the name and contact information for these individuals. Use additional pages if needed.

<u>Full Name</u>	<u>Job Title</u>	<u>Address &amp; Phone Number</u>	<u>What do you believe this person will tell us?</u>
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A.

B.

C.