

# DISCRIMINATION & RETALITATION QUESTIONNAIRE

Please first fill out the OEO Complaint Form and use this optional questionnaire if you choose.

*These questions may provide additional guidance when describing discrimination, harassment or retaliation. For complete definitions, please see [\[Interim\] Rule 1-012](#)*

**Discrimination** is someone treating you differently because of your race, ethnicity, national origin, color, religion, sex/gender, sexual orientation, gender identity, gender expression, pregnancy or pregnancy-related condition, age, disability, protected veteran's status, or genetic information.

**Harassment** is someone creating a hostile environment because of your race, ethnicity, national origin, color, religion, sex/gender, sexual orientation, gender identity, gender expression, pregnancy or pregnancy-related condition, age, disability, protected veteran's status, or genetic information.

**Retaliation** is someone trying to intimidate, threaten, coerce, or discriminate against you because you have asserted your right to be free of discrimination, harassment, and sexual misconduct. It may be seen as retaliation if someone tries to intimidate or stop you from participating in an OEO/AA investigation or hearing. Retaliation can also be against people who participate in an OEO investigation as a witness.

**QUESTIONS: DISCRIMINATION/RETALIATION CLAIMS**

**On the OEO Complaint Form you gave a description of your experience. Please use that description and experience in answering the following questions.**

**1. Why do you believe these actions were discriminatory/retaliatory? If needed, you may attach additional pages.**

**2. For the acts you consider discriminatory, what reason(s) were given to you for why these act(s) occurred?**

**3. Identify others who were treated differently than you. For example, if your complaint alleges sex/gender discrimination, please identify the sex/gender, (if known) of each person listed here. Also provide the contact information (if known) for these individuals. If needed, you may add additional pages.**

A. Persons in the same or similar situation as you, who you believe were treated **better** than you?

Full Name	Job Title	Description of Treatment.	Identify the person's protected class (race, color, sex, etc.)
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1.

2.

B. Persons in the same or similar situation as you, who you believe were treated **worse** than you?

Full Name	Job Title	Description of Treatment.	Identify the person's protected class (race, color, sex, etc.)
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1.

2.

C. Persons in the same or similar situation as you, who you believe were treated **same** as you?

Full Name	Job Title	Description of Treatment.	Identify the person's protected class (race, color, sex, etc.)
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1.

2.

**4. What actions, if any, have you taken to resolve the situation?**