



STATE OF DELAWARE DEPARTMENT OF LABOR  
DIVISION OF INDUSTRIAL AFFAIRS  
OFFICE OF ANTI-DISCRIMINATION

**THANK YOU FOR CONTACTING THE DELAWARE DEPARTMENT OF LABOR, OFFICE OF ANTI-DISCRIMINATION. THE OFFICE OF ANTI-DISCRIMINATION IS A NEUTRAL ENFORCEMENT OFFICE, RESPONSIBLE FOR ENFORCING THE ANTI-DISCRIMINATION LAWS<sup>1</sup> AND, AS SUCH, IS UNABLE TO PROVIDE LEGAL ADVICE OR GUIDANCE.**

**Statute of Limitations**

A charge of employment discrimination must be filed within the time limits imposed by law. Under Delaware (and federal) law, a charge of employment discrimination must be filed within **300 days** of the most recent negative employment action in order for state statutes to apply.

**\* If you have previously filed with the EEOC regarding this claim of discrimination, please provide the Case File number(s) to avoid delays in processing your claim(s).** \_\_\_\_\_

**\*If you have retained an attorney, please have them provide us with a Letter of Representation.**

**Two Step Charge Filing Process**

**Step 1- Complete this Questionnaire and respond to any follow-up questions by phone or email from the intake officer.**

**Step 2- Notarize the official Charge of Discrimination Form in person.**

Upon receipt of the completed Intake Questionnaire, you will be notified of the date and time of your Notarizing Appointment via email and/or regular mail.

The completed Intake Questionnaire and any supporting documentation may be submitted by mail, fax, email or in-person.

MAIL Delaware Department of Labor  
Office of Anti-Discrimination  
4425 N. Market Street, 3<sup>rd</sup> Floor  
Wilmington, DE. 19802

EMAIL [DOL\\_Antidiscrimination@delaware.gov](mailto:DOL_Antidiscrimination@delaware.gov)

FAX (302) 622-4105

IN PERSON 4425 N. Market St      Christiana Building      655 Bay Rd.      8-B Georgetown Plaza  
Wilmington, DE. 19802      252 Chapman Rd, Ste 210      Dover, DE. 19901      Georgetown, De. 19947  
Newark, DE. 19702

For additional information regarding the laws enforced by the Office of Anti-Discrimination and the charge filing process, please refer to our website at <https://labor.delaware.gov> [ [Home - Delaware Department of Labor](#) ] .

<sup>1</sup> Title 19, Chapter 7 of the Delaware Code

**DELAWARE DEPARTMENT OF LABOR  
OFFICE OF ANTI-DISCRIMINATION  
INTAKE QUESTIONNAIRE**

Please complete all applicable sections of this form and return to the Delaware Department of Labor, Office of Anti-Discrimination. **PLEASE NOTE THAT SUBMISSION OF THE INTAKE QUESTIONNAIRE DOES NOT COMPLETE THE PROCESS OF FILING A CHARGE OF EMPLOYMENT DISCRIMINATION.** Answer all questions completely; attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "Not Known." If a question is not applicable, write "N/A." **PLEASE PRINT.** \* Denotes a required item

**1. Personal Information**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
\*Street or Mailing Address: \_\_\_\_\_ Apt or Unit #: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*County: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
\*Phone Numbers: Home: ( ) \_\_\_\_\_ \* Cell: ( ) \_\_\_\_\_  
\*Email Address: \_\_\_\_\_  
\*Date of Birth: \_\_\_\_\_ Gender Born as:  Male  Female Identifies as:  Male  Female

**\* A CLEAR COPY OF YOUR GOVERNMENT ISSUED ID SHOULD BE INCLUDED TO EXPEDITE THE PROCESSING OF YOUR CLAIM\***

**Please indicate which office location you find most convenient:**

Wilmington       Newark       Dover       Georgetown

**Please answer each of the next four questions.**

- i. Are you Hispanic or Latino?  Yes  No
  
- ii. What is your elected race? Please choose all that may apply.  
 Black     African American     White     Asian     American Indian     Alaskan Native  
 Native Hawaiian     Pacific Islander     Bi-Racial     Multi-Racial
  
- iii. What is your Country of Origin \_\_\_\_\_; What is your Ethnic background? \_\_\_\_\_
  
- iv. Do you need an interpreter?  Yes  No If yes, specify: \_\_\_\_\_

**Please provide the name of a person we can contact if we are unable to reach you:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street or Mailing Address: \_\_\_\_\_ Apt or Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Name of the employer (not the person) that you believe violated your civil employment rights. I believe that I was discriminated against by the following Employer(s) Check those that apply and provide the Delaware location where you work(ed) or applied.

(Please note, this office does not have jurisdiction over worksites outside of Delaware or any Federal Facilities (Post Office, Veterans etc.) We can refer you to the EEOC or the state where the worksite exists.

Employer  Union  Staffing/Employment Agency  Other (Please Specify)

**Employer/Union/Staffing Agency information (Include client location below to indicate a Delaware worksite.)**

\*Name(s): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ County: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Human Resources Director or Owner Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**Client/Assignment Location**

\*Name(s): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ County: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Human Resources Director or Owner Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**Number of Employees in the Organization in Delaware: (please check one)**

Less than 4  4-14  15 or more  Unknown

**3. Your Employment Information.**

\*Date Hired: \_\_\_\_\_ \*Job Title at Hire: \_\_\_\_\_

\*Job Title at Time of Alleged Discrimination: \_\_\_\_\_

Employment Status (please check one):  Still employed  Discharged  Resigned

Date Resigned/Discharged: \_\_\_\_\_

4. What do you believe is/was the Employer's motivating factor for taking the negative employment action(s) against you?  
Check the box(es) below that apply.

- Race  Color (typically a difference in skin shade within the same perceived race)  National Origin (country of origin or ancestry)  Sex  Pregnancy  Religion  Disability  Age (40 or older)  Genetic Information  Sexual Orientation  Gender Identity  Marital Status
- Victim of Domestic Violence or Stalking  Family Care Responsibilities
- Reproductive Health Decisions  Membership in Volunteer Emergency Responder Organization
- Protected Hair Style(s)

If you checked color or religion, please specify: \_\_\_\_\_

Did you initiate a complaint of employment discrimination to management; oppose a discriminatory practice(s) or engage in protected activity which is covered by any antidiscrimination laws?

- Yes or  No

If you checked genetic information, please indicate whether you are alleging discrimination on the basis of

- genetic testing,  family medical history, or  genetic services/education/counseling.

\_\_\_\_\_

5. What material adverse employment action did you experience?

- Discipline  Suspension  Discharge  Transfer  Demotion  Harassment  Failure to Promote
- Failure to Hire  Failure to Accommodate (for disability, pregnancy, or religion ONLY)  Other \_\_\_\_\_

\_\_\_\_\_

Please provide the date(s) of the alleged adverse action(s) and the name(s) and title(s) of the person(s) responsible. **Please attach pages if needed.** (Example: 10/01/2012 – discharged by Mr. John Doe, Office Manager); at least one date must be provided.

A. Date: \_\_\_\_\_ Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title of Person(s) Responsible: \_\_\_\_\_

B. Date: \_\_\_\_\_ Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title of Person(s) Responsible: \_\_\_\_\_

6. Why do you believe these actions are/were discriminatory? Please attach additional pages if needed.

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7. If applicable, What reason(s) were given to you for the acts you consider discriminatory? By whom?

His or her job title:

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8. Were you harassed on the basis of any protected class?  Yes  No

Was/is the person(s) responsible a  Supervisor  Co-worker  Other

Did you notify the employer of the unwelcome conduct?  Yes  No

If "Yes," when did you complain? \_\_\_\_\_ Did you complain verbally or in writing? \_\_\_\_\_

To whom did you complain? \_\_\_\_\_

How did your employer respond to your harassment complaint?

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9. If you are alleging that your material adverse employment action(s) was based on a disability. Please check all that may apply:

- I have an actual disability
- I have a record of a disability
- I am regarded as having a disability

10. How was your disability a motivating factor in the Employer's decision to take the negative employment action(s) against you?

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11. Did you request a reasonable accommodation?  Yes  No

If "Yes," when did you ask? \_\_\_\_\_ Did you ask verbally or in writing? \_\_\_\_\_

Who did you ask? \_\_\_\_\_

Describe the changes or assistance that you requested: \_\_\_\_\_

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12. Did your employer accommodate your request?  Yes  No If “No,” why not?

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13. Please provide a comparator that was treated more favorably than you were.

Of the persons in the same or similar situation as you, who was treated *better* than you?

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. For each entry, please include the Full Name, Job Title, Address/Phone #

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\*SIGNATURE

\_\_\_\_\_  
\* DATE

