



INTERNATIONAL ASSOCIATION OF BLACK PROFESSIONAL FIRE FIGHTERS

LIFE MEMBER
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

IABPFF Discrimination Intake Evaluation Form

Personal Information:

Name: _____
Address: _____
Phone: _____ - _____ - _____
Email: _____
Race: _____
Sex: _____
National Origin: _____
DOB: _____
Name of personal attorney, if any: _____

Work Information:

Current Employer: _____
Job Title: _____
Seniority: _____
Certifications: _____
Supervisor names/titles: _____
Name of union reps: _____

Discrimination Based on (check all that apply):

Race Color Sex National Origin Religion Retaliation Disability Age
 Genetic Information Other (specify): _____

Date(s) discrimination took place:

Earliest: _____;
Latest: _____; or
 Ongoing

Discriminating Organization:

- Discriminated against by the following organization(s)(Check those that apply):
 - Current or previous employer
 - Union
 - Other (Please specify) _____

- Organization (Employer/Union/Other) Contact Information

Organization Name: _____
Address: _____
Phone: _____

Your Employment Data (fill out what you can):

Date hired: _____

Job Title At hire: _____

Pay Rate When Hired (if alleging pay discrimination): _____

Last or Current Pay Rate (if alleging pay discrimination): _____

Job Title at the Time of Alleged Discrimination: _____

If attempted promotion, that Job Title: _____

If Job Applicant, Date you Applied for Job: _____

If Job Applicant, Job Title Applied for: _____

Discriminatory Event (attach more pages as needed):

1. Describe the test, policy, or practice that you believe to be the root of this discrimination:

2. Why do you believe this test, policy, or practice resulted in discrimination?:

3. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or her job title?:

4. Describe how the test, policy, or practice affected those similar to you and also how it affected those dissimilar to you:

5. Please provide a timeline of events:

