

## IDAHO HUMAN RIGHTS COMMISSION

317 W. Main Street

Boise, Id. 83735-0060

Phone: 208/334-2873

Toll Free: 888/249-7025

Fax: 208/334-2664

Website: [humanrights@idaho.gov](mailto:humanrights@idaho.gov)

### CHARGE OF DISCRIMINATION FORMS:

The Commission helps potential complainants to file a charge of discrimination, which includes drafting a charge and filling out the forms. Please contact an intake officer if you have questions. The Commission's office hours are from 8:00 a.m. to 5:00 p.m. (Mountain Time).

# CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

FEPA  
 EEOC

## Idaho Human Rights Commission

and EEOC

*State or local Agency, if any*

Name (indicate Mr., Ms., Mrs.)	Home Phone (Incl. Area Code)	Date of Birth
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Street Address City, State and ZIP Code

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name	No. Employees, Members	Phone No. (Include Area Code)
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Street Address City, State and ZIP Code

Name	No. Employees, Members	Phone No. (Include Area Code)
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Street Address City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY	DATE(S) DISCRIMINATION TOOK PLACE Earliest <span style="float: right;">Latest</span>  <input type="checkbox"/> CONTINUING ACTION
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THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

\*\*\*SEE ATTACHED\*\*\*

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

**IDAHO HUMAN RIGHTS COMMISSION**  
 317 W. MAIN, 2<sup>ND</sup> FLOOR  
 BOISE, IDAHO 83735-0660

\_\_\_\_\_  
 Date Charging Party Signature

Complainant: \_\_\_\_\_ v. Respondent: \_\_\_\_\_

THE PARTICULARS ARE:

I. **COMPLAINANT'S STATEMENT OF HARM:**

II. **RESPONDENT'S REASON FOR ADVERSE ACTION:**

III. **COMPLAINANT'S STATEMENT OF DISCRIMINATION:**

I believe I was discriminated against based on \_\_\_\_\_. In support of this statement, I offer the following facts:

A.

Respondent employs at least \_\_\_\_\_ employees.

I believe the practices of the above-named Respondent are in violation of:

- ( ) Title 67, Chapter 59 of the Idaho Code
- ( ) Title VII of the Civil Rights Act
- ( ) The Americans with Disabilities Act (ADA)
- ( ) The Age Discrimination in Employment Act (ADEA)
- ( ) Title 44, Chapter 17 of the Idaho Code

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## NOTICE TO KEEP RECORDS

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IN THE MATTER OF:

\_\_\_\_\_  
COMPLAINANT

v.

\_\_\_\_\_  
RESPONDENT

I understand that if I lose a job because of discrimination, I may be entitled to damages for loss of back pay. However, I also understand that I have a duty to minimize these damages by seeking comparable employment until my complaint is settled or closed. I will keep records of all attempts to seek comparable employment. These records will contain the name of the employer, agency, or union where I sought employment, the date I applied, and the position for which I applied. I will also keep records of all wages I have earned from such employers, and of unemployment insurance payments, until this case is settled or closed. In this regard, I will keep all check stubs, withholding statements, income tax returns, or any other records I receive concerning these wages. I will turn these records over to the Idaho Human Rights Commission upon its request.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
DATE

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## RELEASE OF INFORMATION

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IN THE MATTER OF:

\_\_\_\_\_  
COMPLAINANT

v.

\_\_\_\_\_  
RESPONDENT

I hereby authorize my employer and any of my former employers to furnish the Idaho Human Rights Commission with records of my services, my reason for leaving their employment, together with all other information they may have concerning me, whether in writing or not. Also, I authorize that all other persons or organizations possessing information necessary to a full evaluation of my qualifications or record should, if requested, furnish such information to the Idaho Human Rights Commission. I hereby release my employer and any of my former employers, the other persons and organizations so indicated, and the Idaho Human Rights Commission from all liability for any damages whatsoever in furnishing and obtaining said record.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
DATE

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**AGE DISCRIMINATION IN EMPLOYMENT ACT  
NOTIFICATION**

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IN THE MATTER OF:

\_\_\_\_\_  
COMPLAINANT

v.

\_\_\_\_\_  
RESPONDENT

I, \_\_\_\_\_, being the Complainant in a charge of unlawful age discrimination filed with the Idaho Human Rights Commission on \_\_\_\_\_, which is also filed with the Equal Employment Opportunity Commission (E.E.O.C.), acknowledge that I have been informed by a representative of the Idaho Human Rights Commission that, under federal law, I have the right to file a lawsuit alleging age discrimination in federal district court no sooner than sixty (60) days after the date my charge is filed with the Idaho Human Rights Commission, and no later than ninety (90) days after receipt of notice that E.E.O.C. has dismissed or otherwise terminated its administrative proceeding on this charge.

I acknowledge that rights I may have under the federal Age Discrimination in Employment Act of 1967, as amended, do not affect my rights to have the Idaho Human Rights Commission investigate my charge, and to prosecute any valid claim I may have under the applicable provision of Title 67, Chapter 59, of the Idaho Code.

I acknowledge that I have read the foregoing statement, and understand its contents. I acknowledge that I have received a copy of this statement, and that copy will be retained in the records of the Idaho Human Rights Commission and Equal Employment Opportunity Commission.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

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## AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

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NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

I authorize any and all physicians, hospitals, and any other health care providers to release my health information to the Idaho Human Rights Commission and the Equal Employment Opportunity Commission (EEOC), if applicable. I authorize the use or disclosure of my health information for the purpose of investigating my charge of discrimination.

In addition, I authorize any health care provider to speak directly to a representative of the Idaho Human Rights Commission regarding my medical information, records or opinions, whether they are in writing or not.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless revoked earlier, this authorization will expire 12 months from the date of signing or when my charge of discrimination is settled or closed, whichever is later.

I understand authorizing the disclosure of health information is voluntary. I can refuse to sign this authorization. I understand that if the person or entity who receives my information may not be required to maintain confidentiality.

I acknowledge that I have received a copy of this authorization.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT COMPLAINANT'S NAME