

Utah Antidiscrimination & Labor Division 160 East 300 South, 3rd Floor Vaccine Passport Prohibition INTAKE QUESTIONNAIRE PO Box 146630 Salt Lake City, UT 84114- 6630 Phone: 801-530-6801 Fax: 801-530-7609 Email: discrimination@utah.gov	FOH _____ LOR _____ LOH _____ 180 _____	
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DO NOT WRITE ABOVE THIS LINE – FOR UALD STAFF ONLY



UTAH
LABOR COMMISSION
 Utah Antidiscrimination and Labor Division

This form does not represent a filing with the Utah Antidiscrimination and Labor Division (the “Division”). To file a charge with the Utah Antidiscrimination and Labor Division, you must first complete and return all pages of this form by email to discrimination@utah.gov or by mail to the address above. A charge must be filed with the Division within 180 days from the date of the alleged violation. When the Division receives this form, it will review it to determine jurisdiction. **Answer all questions completely. If you do not know the answer to a question, type “not known.” If a question is not applicable, write “NA.” (TYPE or PRINT).** The Division will use the information in this Intake Questionnaire to draft a Charge and send it to you. **The Division can only open a case after it has received your signed Charge back. If you fail to provide a copy of a W-2 or paycheck with this Questionnaire, where available. Failure to do so may result in a delay in creating a charge.**

☐ I have attached a copy of a W-2 or paycheck ☐ I am unable to because my employer did not provide one

1. Personal Information

Last Name: _____ First Name: _____ MI: _____
 Street or Mailing Address: _____ Apt or Unit #: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone Numbers: Home: (____) _____ Work: (____) _____ Cell: (____) _____

YOU MUST PROVIDE THE DIVISION WITH YOUR EMAIL ADDRESS: The Division will send all written correspondence via e-mail unless you elect to receive communications with the Division via U.S. Mail and opt out of e-mail communication below:

Check this box to opt out of e-mail communication and for all communication with the Division to be via U.S. mail.

Email Address: _____ **Date of Birth: (MM/DD/YYYY)** _____

2. Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: (____) _____ Other Phone: (____) _____ Email: _____

3. Organization Contact Information (Provide the organization name listed on your W-2 tax form OR paycheck+)

Organization Name: _____
 Alternate Name for Your Employer¹: _____
 Address: _____ County: _____
 City: _____ State: _____ Zip: _____ Phone: (____) _____
 Human Resources Director or Owner Name: _____ Phone: (____) _____

¹ If the name commonly used to refer to your employer is something different from the name on your W2 or paystub, please provide that name here.

4. Your Employment Data (Complete as many items as you are able.) **Are you a federal employee?** ☐ Yes ☐ No

Date Hired: _____ Job Title: _____ Job Title At Hire: _____

Pay Rate When Hired: _____ Last or Current Pay Rate: _____

Date Quit/Discharged; _____ ☐ Quit ☐ Terminated ☐ Forced to quit ☐ Currently employed

Name and Title of Immediate Supervisor: _____

If Job Applicant, Date You Applied for Job: _____ Job Title Applied For: _____

Please check all that apply to your employer (if you are unsure, do not check):

☐ I work for a childcare provider ☐ My employer is subject to regulations by the centers for Medicare and Medicaid Services regarding a vaccine ☐ I am or work for a federal contractor ☐ I have direct exposure to human blood, human fecal matter, or other potentially infectious materials that may expose me to hepatitis or tuberculosis

5. Check all that apply that you believe were based on your immunity passport² or vaccination status.³ Include the date(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. (Example: (1) Date: 05/03/2023; Action: Not Hired; Name and Title of Person Responsible: Ms. Kimberly Jackson, director. Include the most recent alleged violation (This is important because it determines whether your charge is filed on time).

☐ I was refused employment based on my immunity passport or vaccination status.

Date: _____ **Name and Title of Person Responsible:** _____

☐ I was barred from employment based on my immunity passport or vaccination status.

Date: _____ **Name and Title of Person Responsible:** _____

☐ I was treated differently than other employees based on my immunity passport or vaccination status.

Date: _____ **Name and Title of Person Responsible:** _____

My employer did the following based on my immunity passport or vaccination status: (Example: I was terminated for not being vaccinated.)

6. Why do you believe these actions were based on your immunity passport or vaccination status?

7. What reason(s) were given to you for these actions? Who gave you these reasons? What is their job title?

² "Immunity passport means a document, digital record, or software application indicating that an individual is immune to a disease, whether through vaccination or infection and recovery." Utah Code § 34A-5-113(1)(b).

³ "Vaccination status means "an indication of whether an individual has received one or more doses of a vaccine." *Id.* at § 34A-5-113(1)(e).

8. Provide the name(s), immunity passport or vaccination status, and job title of anyone that was treated the same, worse, or better than you based on their vaccine status or immunity passport. *For example, Trevor Jones, Customer Service Representative, vaccinated against COVID-19, he was hired, Stacey Smith, Customer Service Representative, not vaccinated against COVID-19, she was also not hired.*

<u>Full Name</u>	<u>Job Title</u>	<u>Immunity Passport or Vaccination Status</u>	<u>Description of Treatment</u>

9. Are there any witnesses to the events described in this questionnaire? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

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

13. Are you represented by an attorney? ☐ Yes ☐ No (If yes, provide contact information of the attorney below:)

If you would like to file a charge, you must do so within 180 days from the alleged violation. **If you do not file a charge within the time limits, you will lose your ability to do so.**

Please check one:

- ☐ I want to talk to a Division employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the Division. **I also understand that I could lose my rights if I do not file a charge in time.**
- ☐ I want to file a charge with the Division and, and I authorize it to look into the actions I described above. I understand that **the DIVISION must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name.** I also understand that this charge will only cover allegedly violations of the Vaccine Passport Prohibition Amendment.

Signature

Today's Date

In submitting this form, you agree to advise the Division of any change in your address/e-mail/telephone number. You also agree to notify the Division in writing if your legal representation changes during the course of the investigation. Such notice must be sent directly to the Case Manager or the Director, in care of the Division. Failure to cooperate may result in the dismissal of the charge or issuance of findings based on the information contained in the file.