

City of Pittsburgh Mayor's Office of Equal Protection Ban the Box Complaint Form

Thank you for contacting the City of Pittsburgh Mayor's Office of Equal Protection (OEP). Please follow the instructions and complete the information below. Clearly print or type your answers to each question to the best of your ability. If you are unsure of an answer, please so indicate. If a question does not apply to you, please mark N/A or Not Applicable. You can submit the form online, save as a PDF and email to compliance@pittsburghpa.gov, or send by postal mail to:

Mayor's Office of Equal Protection
Attn: Ban the Box Administrator
414 Grant Street, 5th Floor
Pittsburgh PA 15219

After we receive your completed form, we will contact you to discuss gathering any additional information that we need or notify you of the action we will take.

* Required

Contact Information

Correspondence will be sent to you at the addresses provided. Please update the OEP with your most current contact information. If the OEP is unable to reach you, your complaint could be dismissed.

1. Honorific/Pronouns

2. Full name *

3. What's the best way to reach you? *

Email

Postal Mail

Telephone

Text

4. Email

5. Address

6. Primary Phone Number

7. Secondary Phone Number

Employer

8. Employer *

9. Job Title/Function Sought

10. Employer Address

11. Interviewer

12. Interviewer Phone Number

13. Interviewer Email

14. Human Resources Representative

15. Human Resources Representative Phone

16. Human Resources Representative Email

17. On what date did you apply for a position with the Employer? *



18. Are you working for the Employer? *

- Yes
- No
- Not Applicable

19. If you are NOT working for the Employer, please select the reason

- Not selected for interview
- Interviewed but not offered position
- Conditional offer made and withdrawn
- Offer rejected
- Resigned/Quit
- Discharged/Fired
- Laid Off
- Other

20. What was your last day of work, if applicable



Eligibility

Please answer the following questions to help us determine if Pittsburgh's Ensuring Equal Opportunity for Individuals with Previous Criminal Convictions applies to you.

21. Do you have a record of prior criminal charges?

- Yes
- No
- Not Sure

22. Did the Employer inquire about your criminal record?

- Yes
- No
- Not Sure

23. Is the position you applied for a public safety role?

- Yes
- No
- Not Sure

24. Are you covered by a collective bargaining agreement (i.e. union member)?

Yes

No

Not Sure

25. Is the Employer a Contractor with the City of Pittsburgh?

Yes

No

Not Sure

26. Was the work you applied to do part of a City of Pittsburgh-contracted project?

Yes

No

Not Sure

Complaint Information

27. Do you think the Employer has violated the Ensuring Equal Opportunity for Individuals with Previous Criminal Convictions ordinance?

Yes

No

28. If yes, on what date do you think the Employer first violated the law?



29. Please indicate which of the following ways the Employer violated the law and provide further information below. *

- Asking about criminal history on the application or other time before the interview.
- Asking about criminal history during the interview.
- Not providing notice of rights under the law through individual documents or by posting a sign in a noticeable place.
- The contract or job application did not include an indication that the Contractor shall comply with subsection 161.16A of the City of Pittsburgh Code of Ordinances.
- The employer didn't communicate contact information for the background reporting company.
- A copy of your background report was not provided to you.
- The Employer didn't tell you that you could dispute information in your background report.
- All of the above
- None of the above

30. In your own words, please describe what happened. Please include dates.

*

31. Have you tried to resolve your complaint with the Employer?

Yes

No

32. Please provide us with any additional information that would be helpful in resolving this issue.

Signature

Pursuant to 18 PA. CONS. STAT. ANN. § 4904, relating to unsworn falsification to authorities, I affirm that to the best of my knowledge, this information is true, correct and complete.

33. Entry of your full name here constitutes your electronic signature. *

34. Electronic signature of Parent/Guardian (if complainant is under 18)

35. Date *

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.