

Questionnaire for Women Officers of the New York City Fire Department

Please return this Questionnaire post-marked before **October 15, 2005** to the following:

KURLAND & ASSOCIATES, P.C.
304 Park Avenue South, Suite 206
New York, New York, 10010

If there was an informational meeting to be held, where would be the most convenient for you to attend? Please check all that apply:

- Bronx
- Queens
- Nassau
- Manhattan
- Brooklyn

What time of day would be most convenient for you to attend the informational meeting?

- morning
- afternoon
- evening

Information provided in this questionnaire is protected by the attorney-client privilege and will never be divulged without your permission.

General Instructions on completing this Questionnaire: Wherever a date is called for, give your best estimate if you are not sure. Where appropriate, give names and information on the whereabouts of the people relevant to your answers. *Please feel free to attach an additional sheet(s) to include all relevant information for any of the questions below;*

A GOOD APPROACH TO FILLING OUT THIS QUESTIONNAIRE IS TO DO IT OVER A FEW DAYS OR MORE, GIVING YOURSELF TIME TO THINK AND RECALL DETAILS. ONCE YOU BEGIN TO JOG YOUR MEMORY, MORE INFORMATION WILL COME TO YOU.

PART ONE: INFORMATION ABOUT WHO YOU ARE

Name: _____ Today's Date: _____
(required field) *(required field)*

1. What is your position and rank with the FDNY? _____
2. What is your date of hire with the FDNY? _____ Were you hired by any other entity (e.g. EMS Services, etc.) before that date, and if so, when? And by what entity? _____
3. What are the qualifications, educational background, special training or skills you possess relevant to your position? Please attach a resume or CV if you have one.

PART TWO: INFORMATION ABOUT YOUR HISTORY WITH FDNY

4. Have you ever applied or wanted to apply for a promotion or a position in a specialized unit? If so, when, and what job(s) were you interested in?

5. How did you learn about the opening?

6. For each promotion or position in a specialized unit you wanted, did the application process include a test, an interview, or something else? (explain)

7. Did you ever receive any of the promotions or positions you have listed above, and if so, which ones and when?

PART THREE: INFORMATION ABOUT DISCRIMINATION ON THE JOB

8. Do you feel gender has ever been a factor in the selection process or your chances of promotion with any application or your overall work with the Department? Explain.

9. In addition, do you feel race or sexual orientation has ever been a factor in the selection process or your chances of promotion with any application or your overall work with the Department? Explain.

10. Are there any other ways you have felt singled out or adversely treated on the job? If so, explain, and give dates for each instance.

11. Is this treatment from co-workers, supervisors or other? Explain.

12. If you feel gender was a factor in any instance of being denied a promotion, being singled out, or adversely treated, give the facts on which you base that belief. (For example, were any statements made; was the treatment you received different from what happened to others in comparable circumstances?)

13. In addition, do you feel race or sexual orientation, was a factor in any instance of being denied a promotion, being singled out, or adversely treated, give the facts on which you base that belief. (For example, were any statements made; was the treatment you received different from what happened to others in comparable circumstances?)

14. Have you ever felt hostility from co-workers, supervisors or others based on gender? Explain.

15. In addition, have you ever felt hostility from co-workers, supervisors or others based on race or sexual orientation? Explain.

PART FOUR: INFORMATION ABOUT RETALIATION ON THE JOB

16. What kind of complaints have you made, to whom, and when? (For example, was your complaint in writing, orally, part of a formal process, to a government agency, to a supervisor, an ombudsman, etc?)

17. What was the result of each of these complaints?

18. If you ever made a complaint, has any adverse action ever been taken against you because of any of these complaints? If so, describe what happened, giving names and dates.

PART FIVE: ADDITIONAL CONTACT INFORMATION

Address: Street _____ Apt. #__ City _____
(required field) State: _____ Zip: _____

		Times available at each number:		
		Morning	afternoon	evening
Phone:	Home: () _____ - _____	_____	_____	_____
	Work: () _____ - _____	_____	_____	_____
	Cell: () _____ - _____	_____	_____	_____

END OF QUESTIONNAIRE