

Experiences of discrimination in the workplace

Employee survey

Dear Colleague,

your Betriebsrat (works council) would like to know whether the cooperation of all workers in the company is working well. One of the tasks of the works council is to take measures against anyone being disadvantaged or treated badly. We want everyone in the company to work well together and have good working conditions. That's why we need your opinion: you know what's good and bad in the workplace and you know the problems in your workplace. Your experiences provide us important insights!

This survey is anonymous and does not allow any conclusions about who you are. The survey is evaluated by your works council and then stored in accordance with data protection regulations.

A	Your work at the company	Less than 2 years	2 to 5 years	5 to 10 years	More than 10 years
1	How long have you been working here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2	What kind of employment contract do you have?	permanent	temporary	via temporary agency	on-call
	You can select more than one answer to this question.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3	Were you or one of your parents born outside Germany?	Yes		No	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4	What is your gender?	female	male	diverse / non-binary	Not specified
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B Initial training and working conditions						
5	For your initial training, how satisfied were you with ...	Very dissatisfied	Slightly dissatisfied	Okay	Fairly satisfied	Very satisfied
	Time for the initial training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comprehensibility of the initial training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Time for the health and safety briefing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comprehensibility of the health and safety briefing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6	During your early days at the company:	Yes	No
	Did you have a permanent contact person for questions?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you know that there is a works council?	<input type="checkbox"/>	<input type="checkbox"/>
	Did the works council members introduce themselves to you?	<input type="checkbox"/>	<input type="checkbox"/>

7	0 = very poor → 10 = very good	0	1	2	3	4	5	6	7	8	9	10
	How do you rate the working conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	How is the cooperation between colleagues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C Experience of discrimination or unfair treatment

8	How often have you experienced discrimination for one of the following reasons? You can select more than one answer to this question.	never	rarely	sometimes	often	very often
	Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disability or chronic illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Origin, skin colour or language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Social origin / position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9	If you have experienced discrimination or unfair treatment at work: from whom? You can select more than one answer to this question.	<input type="checkbox"/>	Superiors
		<input type="checkbox"/>	Colleagues
		<input type="checkbox"/>	Works Council
		<input type="checkbox"/>	Customers

10	What kind of discrimination or unfair treatment have you experienced? You can select more than one answer to this question.	<input type="checkbox"/>	Verbal (for example insults, jokes)
		<input type="checkbox"/>	Physical (for example, threats, pushing)
		<input type="checkbox"/>	Sexual harassment (lewd remarks, intimate questions, unwanted touching or sexual acts)
		<input type="checkbox"/>	Being ignored / excluded
		<input type="checkbox"/>	Being given worse tasks

D Support and opportunities for action			
11	Do you know:	Yes	No
	... where you can turn if you experience discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
	... that the works council will support you if you are discriminated against?	<input type="checkbox"/>	<input type="checkbox"/>
	... what the General Equal Treatment Act (Allgemeine Gleichbehandlungsgesetz (AGG)) is?	<input type="checkbox"/>	<input type="checkbox"/>
12	Have you ever sought support in the workplace because of discrimination or unfair treatment?	<input type="checkbox"/>	Yes, from _____
		<input type="checkbox"/>	No
13	If you did not seek support in the case of discrimination or unfair treatment: What was the reason? You can select more than one answer to this question.	<input type="checkbox"/>	I didn't know where to turn.
		<input type="checkbox"/>	I thought it was normal.
		<input type="checkbox"/>	I didn't know I could complain.
		<input type="checkbox"/>	I thought I would not be taken seriously.
		<input type="checkbox"/>	I was afraid of negative consequences.
		<input type="checkbox"/>	I don't speak German well.
14	Would you get involved to combat discrimination and unfair treatment in the workplace?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
15	With regard to new employees: What are your hopes, fears or questions regarding training, language, culture, commitment, etc.?	<hr/> <hr/> <hr/>	

Thank you for taking the time to participate in our survey! We will do our best to work on the problems you reported and find good solutions for everyone. Thank you for your support!

If you have any questions, want to tell us about something later or want to get involved in combatting discrimination, please contact your works council.