

EMPLOYMENT RIGHTS ATTORNEYS

Confidential and Privileged Questionnaire for Employees

The purpose of this questionnaire is to provide us with basic information about your situation. Please make sure you complete this form before your consultation.

The fee for your first consultation will be **\$100 per half hour or \$200 per hour** and is measured in incremental units of .1 hours for all the time spent in consultation. The fee is due and payable by cash, check or credit card **at the time of your consultation**. By consulting with our attorneys you are agreeing to pay our fees.

PERSONAL DATA	
Full Name _____	Date _____
Home Address - Street _____	Home Phone Number _____
Home Address - City, State, Zip _____	Social Security Number _____
Current Employer _____	Current Work Number _____
E-mail Address _____	Fax Number _____
Name of Person who will always know how to contact you _____	Person's Phone Number _____

PROBLEM EMPLOYER DATA		
Name of Employer _____	Type of Business _____	# of Employees _____
Employer's Address _____	Employer's Phone # _____	

HISTORY WITH PROBLEM EMPLOYER		
Date of Hire _____	First Job Title _____	Starting Salary _____
Date of Termination (if applicable) _____	Most Recent Job Title _____	Most Recent Salary _____
Name of Immediate Superior _____	Job Title _____	
Name of Superior's Supervisor _____	Job Title _____	

TYPE OF EMPLOYMENT PROBLEM(S)		
<input type="checkbox"/> Hiring	<input type="checkbox"/> Promotion	<input type="checkbox"/> Slander
<input type="checkbox"/> Termination	<input type="checkbox"/> Demotion	<input type="checkbox"/> Performance Evaluations
<input type="checkbox"/> Harassment	<input type="checkbox"/> Benefits	
<input type="checkbox"/> Wages/Compensation	<input type="checkbox"/> Other _____	

DISCRIMINATION AND RETALIATION

Please indicate if you feel your Employer discriminated against you at least in part based on your:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Race |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> National Origin/Ancestry |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Marital status | <input type="checkbox"/> Age (Date of Birth: _____) |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> Other _____ | | |

HISTORY AFTER TERMINATION

Name of Present Employer

Present Job Title

Present Salary

Have you sought any treatment or counseling as a result of your treatment? Yes No

ADMINISTRATIVE COMPLAINTS

Have you filed a complaint regarding your current problems with: When?

Equal Employment Opportunity Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Department of Fair Employment & Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
U. S. Department. of Labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Div. of Labor Standards Enforcement aka (Labor Commissioner's Office)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Workers' Compensation Appeals Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

OTHER COMMENTS

Please use Card for billing purposes: MC, Visa, Discover **Credit Debit**

Card Number: _____ **Exp. Date:** _____ **3-Digit-Code:** _____

Signature

Today's Date