

Questionnaire

The following information is necessary for an initial evaluation of an employment claim. If you are coming in to discuss an employment matter, we ask that you first prepare by answering the questions below.

Personal Information

Name: _____

Address: _____

Work Number: _____

Home Number: _____

What is your age? _____

What is your race? (If relevant to your complaint.) _____

Employer Information

What is the name of the Employer? _____

Employer address: _____

Employer telephone number: _____

Name of Employer's representative: _____

What is the name and title of the Employer representative who advised you of the action you are complaining about?

Who was your supervisor at the time? _____

What was your job title? _____

What was your rate of pay? _____

How many hours a week did you normally work? _____

Were you paid overtime pay for any time above forty (40) hours worked in a week? _____

When were you hired? _____

Employment Information

Did you have an employment contract? (If so, please provide a copy and keep the original for your files.) _____

Were you covered by a union contract? (If so, please provide a copy.) _____

Did the Employer have an employee handbook or similar manual? (If so, please provide a copy.) _____

Were you given performance evaluations by the Employer? Were they oral or written or both? (If written, please provide a copy and keep the original for your files.) _____

Were you ever given a raise based on your performance? _____

Have you ever been promoted? When? _____

Have you ever been disciplined prior to the action you are complaining about? If so, please describe when, why, and how: _____

Have you obtained a new job since the action you are complaining about? If so, what is the name of the new Employer? _____

Job title and rate of pay of new job: _____

Were any benefits lost compared to what you received in the old job? If so, describe: _____

Case Information

Briefly, what happened to you? _____

Briefly, why do you believe what happened to you was wrong? _____

On what date did you first learn of the action you are complaining about? _____

Was the notification written, oral, or both? (If written, please provide a copy and keep the original for your files.) _____

Did the Employer give any reason or reasons for the action, and what was the reason(s) given? _____

What do you believe is the real reason for the action? _____

Case Information (con't)

Do you have any witnesses with first-hand information regarding the action you are complaining about? _____

Please provide each witness' full name and an address and phone number: _____

Describe what each witness can say that relates to your case: _____

Have you ever filed a charge of discrimination? If so, please provide a copy, and keep the original for your files.)

Have you ever filed a grievance? (If so, please provide a copy and keep the original for your files.)

Have you ever filed a worker's compensation claim? (If so, please provide a copy and keep the original for your files.)

Have you filed an unemployment compensation claim since the action you are complaining about? Was there a written decision on your claim? (If so, please provide a copy and keep the original for your files.) _____

Have you sought any medical or psychological treatment or counseling since the action you are complaining about?

If so, beginning when? _____

Name of treating professional: _____

Had you ever been treated for this reason before the action you are complaining about? _____

If so, when? _____

Reason that treatment was needed: _____

What do you want from the Employer because of the action you are complaining about? _____
