

**Employment- Initial Consultation Questionnaire** [If more room is need, please use back of page. Please designate which number is being answered on back of page.]

1. Your name \_\_\_\_\_
2. Phone number \_\_\_\_\_
3. Email address \_\_\_\_\_
4. Address \_\_\_\_\_
5. Employer \_\_\_\_\_
6. Dates of employment \_\_\_\_\_
7. Position \_\_\_\_\_
8. Rate of Pay \_\_\_\_\_
9. Did you have a contract with your employer? Yes No
  - a. If yes, do you believe your contract was breached? Yes NoIf yes, please describe: \_\_\_\_\_
10. Were you Discharged Demoted Hours Reduced Pay Reduced Disciplined Denied Leave Denied Promotion Denied Accommodation Denied Workers' Compensation Other (describe) \_\_\_\_\_
11. Do you feel you were discriminated against/harassed? Yes No
  - a. On what basis? Race Gender Age (over 40) Disability Religion National Origin Ethnicity Other (describe) \_\_\_\_\_
  - b. Do you have documentation of the discrimination/harassment? Yes No
    - i. If yes, please describe: \_\_\_\_\_
  - c. Do you have witnesses to the discrimination/harassment? Yes No  
If yes, please name \_\_\_\_\_
  - d. Do you have any personal relationship to the witness(es)? Yes No
    - i. If yes, please describe: \_\_\_\_\_
  - e. Did you report the discrimination/harassment? To whom, when and how?  
\_\_\_\_\_
  - f. What, if any, corrective action did the employer take?  
\_\_\_\_\_
12. Please describe all disciplinary actions the employer took regarding your employment:  
\_\_\_\_\_
13. Please describe your performance evaluations:  
\_\_\_\_\_
14. Please describe every reason the employer has given for any adverse employment action taken against you: \_\_\_\_\_
15. What reasons do you believe the employer would give for doing what it did, and why?  
\_\_\_\_\_
16. Status of unemployment/EEOC/SCHAC filing(s):  
\_\_\_\_\_