



537 Lake Whitney Place, Port St. Lucie, FL 34986  
(772) 271-4760 *ph* • (772) 271-4761 – *fax*



## **Non-Physicians and Healthcare Workers Inquiry/ Complaint Form**

### **Attorney and Client Privileged**

The United Physicians' Alliance, Inc. is a non-profit and independent Labor Rights Legal Assistance Agency that focusses upon Diversity, Equity, and Inclusion within the healthcare industry.

The information that you provide in this inquiry and complaint form is privileged information, and shall be subject to the normal rules regulating the attorney-client privilege under the Rules Regulating the Florida Bar and Florida statutory law. All Board Members and Staff Members of the United Physicians' Alliance, Inc. who have been tasked with receiving, administering, and forwarding the information that you provide on to our Staff Counsel are also regulated, subject to, and bound by confidentiality rules and the attorney and client privilege.

The information that you submit in this form may be provided to a state or federal administrative agency which may be tasked with reviewing your individual claim, or considering your claims in connection with a class action or group action claim or lawsuit as per the rules regulating that administrative agency.

The United Physicians' Alliance and its assigned Staff Counsel will not file a lawsuit in the state or federal courts on your behalf, but they may/ will assist you with filing administrative

claims before one or more state or federal administrative agencies, such as Florida Department of Health, the National Labor Relations Board, the Equal Employment Opportunity Commission, the U. S. Department of Labor, the Occupational Safety and Health Administration, and other similar state or federal agency. Any filings in the state or federal court will constitute legal action that is outside or beyond the scope of this legal assistance, and you will/ may be required to hire separate legal counsel for individual lawsuits in state or federal court. Should the United Physicians' Alliance, Inc. refer your case to an independent law firm or attorney, you will be required to make separate and independent attorney-client agreement/ contract that will be deemed independent and separate from this legal assistance.

For more information, please contact Roderick Ford, Esq., Vice President & Director of Client Services of the United Physicians' Alliance, Inc., (772) 271-4760 (Port St. Lucie, FL) or (352) 559-5544 (Gainesville, FL).

### **Client Information**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_

4. Email: \_\_\_\_\_

5. Highest Degree(s): \_\_\_\_\_

6. College/ Graduate School(s): \_\_\_\_\_

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7. Marital Status:    Married       Single       Divorced

8. Your Current Job Title/ Position: \_\_\_\_\_

9. Your Medical Specialty Areas: \_\_\_\_\_

## **Employer/ Hospital Information**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Supervisor Name: \_\_\_\_\_
6. Manager/ Director Name: \_\_\_\_\_
7. Your Date of Hire: \_\_\_\_\_
8. Your Date of Discharge/ Termination: \_\_\_\_\_
9. Your Salary/ Methods of Payment: \_\_\_\_\_

## **Your Disciplinary History/ Record**

- Discipline/ Findings (1<sup>st</sup>): \_\_\_\_\_
- Discipline/ Findings (2<sup>nd</sup>): \_\_\_\_\_
- Discipline/ Findings (3<sup>rd</sup>): \_\_\_\_\_
- Discipline/ Findings (4<sup>th</sup>): \_\_\_\_\_
- Discipline/ Findings (5<sup>th</sup>): \_\_\_\_\_
- Discipline/ Findings (6<sup>st</sup>): \_\_\_\_\_

## Hospital Misconduct/ Racial Discrimination

Please state in your own words the general description, nature, and dates of any hospital misconduct or discrimination directed against you:

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**PLEASE ATTACH COPIES OF ALL**

- **REPORTS**
- **LETTERS**
- **WITNESS STATEMENTS**

**THAT SUPPORT YOUR CLAIMS.**

**WITNESS LIST**

|                                                                                           |                                        |
|-------------------------------------------------------------------------------------------|----------------------------------------|
| <b>WITNESS # 1:</b><br><br>Name:<br><br>Address<br><br>Phone<br><br>Number:<br><br>Email: | <b>Summary of Witness's Testimony:</b> |
|-------------------------------------------------------------------------------------------|----------------------------------------|

|                                                                                            |                                               |
|--------------------------------------------------------------------------------------------|-----------------------------------------------|
| <p><b>WITNESS # 2:</b></p> <p>Name:</p> <p>Address</p> <p>Phone Number:</p> <p>Email:</p>  | <p><b>Summary of Witness's Testimony:</b></p> |
| <p><b>WITNESS # 3:</b></p> <p>Name:</p> <p>Address:</p> <p>Phone Number:</p> <p>Email:</p> | <p><b>Summary of Witness's Testimony:</b></p> |

|                                                                                     |                                        |
|-------------------------------------------------------------------------------------|----------------------------------------|
|                                                                                     |                                        |
| <b>WITNESS # 4:</b><br><br>Name:<br><br>Address:<br><br>Phone Number:<br><br>Email: | <b>Summary of Witness's Testimony:</b> |
| <b>WITNESS # 5:</b><br><br>Name:<br><br>Address<br><br>Phone Number:<br><br>Email:  | <b>Summary of Witness's Testimony:</b> |
| <b>WITNESS # 6:</b><br><br>Name:<br><br>Address<br><br>Phone Number:<br><br>Email:  | <b>Summary of Witness's Testimony:</b> |

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Please email this completed form to:

**Roderick Andrew Lee Ford, LL.D., Esq.**  
Vice President, United Physician's Alliance, Inc.  
C/o The Methodist Law Centre @ Sante Fe  
Email: [admin@methodistlawcentre.com](mailto:admin@methodistlawcentre.com)

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