

WALTERS LAW OFFICE, PLLC
EMPLOYMENT DISCRIMINATION QUESTIONNAIRE

Date of Interview:

PERSONAL INFORMATION

Name:	Home Phone:
Address:	Cell Phone:
City/State/Zip:	Email:
Social Security No.: xxx-xx-	Driver's License No.:
Date of Birth:	Married/Single:
Emergency Contact:	Contact's Relationship:
Contact's Address:	Contact's Phone:

PRIOR LEGAL ACTIONS

It is important to our investigation to know if you have been involved as a party in any prior legal actions. Please provide the name of each action, how you were involved, the year each action was filed, and the outcome. If you need to use a separate piece of paper to fully answer this question, please do so. Do not forget criminal, bankruptcy, divorce, workers' compensation or small claims proceedings:

WORKERS COMPENSATION ISSUES

Many cases are referred to us from workers' compensation attorneys who recognize serious employer misconduct in failing to reasonably accommodate a disabled employee or otherwise engaging in forms of disability discrimination. If you are one of those employees, it is important for us to know about the nature of your occupational injury and the status of the workers' compensation claim you made. Please ignore this section if it does not apply to you.

Did you commence a workers' compensation action? Yes / No

POTENTIAL DEFENDANT(S)

It is very important that we identify early all of the persons and companies that might be responsible for breach of certain responsibilities toward you. Please be sure to think through these questions carefully.

Name and address of employer who you believe has acted improperly toward you:

Total number of employees (best estimate):

Full name and title of any individual supervisor(s) employed by your employer who you believe has/have acted improperly toward you:

Full name and title of any other employee(s) employed by your employer who you believe has/have acted improperly toward you:

Date of termination:

Length of employment with the company:

Salary at time of termination:

Your Job Title:

NATURE OF PRESENT DISPUTE

Please indicate the general nature of the reason why you are seeking our advice and counsel. Please check all boxes that you think are applicable:

- Discrimination is based on:
 - Disability or perceived disability (including pregnancy)
 - Race Gender, including sexual harassment
 - Other reason:

Retaliation for:

Making, or stating an intent to make, a workers' compensation claim

Reporting, or stating an intent to report, discrimination or harassment toward you in the workplace

Standing up for the lawful rights of other employees in the workplace

Other (explain):

Wrongful Termination (explain):

If you believe you have been wrongfully terminated, what is the reason you were given for your termination?

If you believe you have been wrongfully terminated, what do you believe to be the real reason you were terminated and what evidence do you have of that real reason?

ADMINISTRATIVE REMEDIES

If you belong to a union, have you sought the assistance of the union in resolving this present problem? Yes / No

Explain:

Have you filed a complaint with the EEOC? Yes / No

If yes, please provide a copy of your complaint.

Does your employment agreement or Employee Manual state that you are required to arbitrate claims against your employer? Yes / No

If yes, please provide a copy of that provision.

Have you signed any documents upon termination of your employment, like a severance agreement or other exit interview documentation? Yes / No

If yes, please provide a copy that document.

MISCELLANEOUS

How did you hear about our firm?

Website / Referral Service / Doctor / Friend / Other

Name (if it applies):