

DISCLAIMER

The following form is provided by FindLaw, a business unit of West Group, for informational purposes only and is intended to be used as a guide prior to consultation with an attorney familiar with your specific legal situation. FindLaw and West Group are not engaged in rendering legal or other professional advice, and this form is not a substitute for the advice of an attorney. If you require legal advice, you should seek the services of an attorney by linking to FindLaw.com. © 2001 West Group. All rights reserved.

Facing Discrimination & Harassment—Applications

Intake Form: Facing Discrimination & Harassment At Work

Discrimination and harassment are against the law in many areas of our lives. One of the most common arenas for discrimination and harassment is the workplace. If you feel you have been discriminated against or harassed by your employer or a co-worker, you will want an experienced attorney to represent your interests. During your first meetings with your attorney, you will need to provide a great deal of information about yourself and your claim. This intake form may give you an idea of what type of information your attorney will need. For example, your attorney will need to know about your family in order to develop an understanding of whether the harassment or discrimination has had any effect on your ability to care and provide for your loved ones.

Full Legal Name: _____

Gender: _____

Date of Birth: _____

Race/Nationality: _____

Religion: _____

Social Security Number: _____

Address:

Length of Time at that Address: _____ years

Previous Address(es) (for last 10 years):

Home Telephone Number: _____

Work Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Former Name(s): _____

Marital Status: _____

Previous Marriage(s): Yes ____ No ____

Ended By? _____

Children

<i>Name</i>	<i>Date of Birth</i>	<i>Living at Home?</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer at Time of Discrimination or Harassment: _____

Job Position/Title at Time of Discrimination or Harassment: _____

Employer's Address _____

Length of Time with Employer: _____ years _____ months

Date of Hire: _____

If Terminated, Date of Termination: _____

What was the explanation given for your termination? _____

If Yes, who? _____

Who harassed you or discriminated against you? _____

What is that person's job title or description? _____

Is he or she considered to be your supervisor? _____

Was anyone else present at the time of the discriminatory or harassing act? _____

Who was your immediate supervisor at the time? _____

Did you report the harassment or discrimination to anyone? _____

If Yes, to whom? _____

What was their response?

Was a written report made? _____

If Yes, do you have a copy of it? _____

Were you ever given an employee handbook? _____

Do you have a copy of it? _____

If Yes, does it contain an anti-harassment or anti-discrimination policy?

Have you ever seen a copy of an anti-harassment or anti-discrimination policy in your workplace? _____

If Yes, explain: _____

Since the harassment or discrimination, have you spoken or had any contact with the person who harassed you or discriminated against you? _____

If Yes, explain: _____

Have you ever been disciplined by your employer, for any reason? _____

If Yes, explain: _____

Have you ever been harassed or discriminated against in other employment? _____

If Yes, explain: _____

Was a lawsuit filed? _____

If Yes, what was the outcome? _____

If you were terminated or left your employment, have you found a new job? _____

Name of Present Employer _____

Address of Present Employer _____

Current Immediate Supervisor _____

Current Job Position/Title _____

Current Gross Monthly Income _____

Benefits Provided by Current Employer _____

Have you ever been arrested? _____

If Yes, explain: _____

Are You in Good Health? _____

Explain all current and chronic illnesses, past and future surgeries, medications you are currently taking, and other relevant health information: _____

Have you ever been told that you have a physical or mental disability? _____

If Yes, explain: _____

Do you have a history of alcohol or drug abuse? _____

If Yes, explain: _____

Other Important Information

Questions to Ask My Attorney
