

Employment Law Case Intake Questionnaire

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Telephone (Home) _____ (Work) _____

How did you hear about our firm? _____

Are you a member of any of the following groups?

Are you a minority? _____ National Origin _____ Are you over the age of 40? _____

Age _____

Do you have a disability? _____ What is it? _____

Were you discriminated against because of your race, age or disability? _____

Were you discriminated against due to your sex? _____ M _____ F _____

Were you sexually harassed? _____ Were you discriminated against due to any of the following:
sexual orientation, religion, marital or familial status, union status? Yes _____ No _____ (If Applicable) If so,
which? _____

Did you report that your employer was engaged in illegal activity or complain to your employer about unlawful
activity occurring in the workplace? _____ (If Applicable under state law or SOX) If yes, explain

COMPANY INFORMATION

Employer: _____ Did you work in a Texas
office? _____ Address of Employer: _____

Date of Hire: _____ Are you still employed there? _____ If no, Last Date of
Employment _____ If no longer there, were you fired? _____ Reason Given
by Employer: _____ What do you think the reason is? _____

(use a separate sheet of paper to give a longer explanation, if necessary.)

If still there, what action was taken against you? _____

Position held: _____ Salary: _____ How many employees does the
company have: a) total _____ b) in your location _____ c) in your department
_____ How many of the employees in your department are minorities? _____ How
many of the employees in your department are female? _____ How many of the employees in
your department are over 40 years old? _____ How many employees had the same position as you _____

EMPLOYMENT SITUATION AT COMPANY

Indicate if any of the following are provided by the employer: Health insurance _____ If yes, What is
covered? _____ At what cost to you? _____ Does the employer contribute?
_____ How much? _____ Life insurance _____ If yes, how much? _____
_____ Pension plan contributions _____ If yes, how much? _____
Vested? ___ Does the employer contribute? _____ How much? _____ Disability insurance
_____ What is offered? _____ 401(k) _____ If Yes, how much? _____
Does the employer contribute? _____ How much? _____ When terminated, was the plan rolled

over? _____ Was any money withdrawn? _____ If yes, was there a penalty? _____

Profit Sharing _____ Stock Options _____ Other benefits: _____

(i.e. company car, day care, etc)

Did you have any type of employment contract with the company? Were you a union employee? _____

What union: _____ Name and number of union contact: _____

Did you receive performance evaluations? _____ Years _____ Written or oral? _____

If written did you sign them? _____ Do you have copies? _____ Were any of the evaluations negative? _____ Explain: _____ What

rating did you receive? _____ Did you receive promotions?

_____ Salary increases? _____ Awards? _____ Commendations?

_____ Bonuses? _____ Were you ever disciplined? _____ If so, For what?

_____ What punishment did you receive? _____

Did employer discipline other employees who did the same thing?

EMPLOYEE COMPLAINTS

Does the company have a policy manual or handbook? _____ Does the manual have a complaint procedure? _____ Do you have a copy? _____ Did you complain? _____

To whom? _____

How many times? _____ Dates of complaints: _____ Were the complaints made in

writing? _____ If so, do you have copies? _____ Were the complaints

verbal? _____ If so, what was said? _____

What has company done with complaint? _____ Have you filed a charge with the Equal Employment Opportunities Commission (EEOC) or the Division on Civil Rights (DCR)? _____ When? _____ What is status? _____

INVESTIGATION

Was there an investigation? _____ Who investigated? _____ Were you interviewed? _____ Do you know who was interviewed? _____

Did you submit anything in writing for the investigation? _____ What were the results of the investigation? _____ Were you given the results in writing? _____

ECONOMIC DAMAGES

Does employer owe you money? _____ How much? _____ Did you receive severance? _____ Did you sign anything? _____ What? _____

If the employer has given you a release, how much time do you have to sign it? _____

Are you receiving unemployment? _____ Amount: _____ Dates _____

Are you receiving any government benefits? (Welfare, SS)? _____ Amount: _____ Dates _____ List all employment since termination _____

_____ Are you working someplace else now? _____

Doing what? _____ Salary: _____ Expenses incurred in search for new job: _____

NON-ECONOMIC DAMAGES

Did you suffer emotional distress? _____ Explain: _____

Did you see a doctor? _____ Who? _____

DESIRED ACTION & OUTCOME

Do you want to sue your employer if that is deemed necessary? _____ Do you think you can go

back to the company? _____ What is the desired outcome? _____

_____ Have you spoken with any other attorneys regarding this situation?
