

Date \_\_\_\_\_

**EMPLOYMENT CASE - INTAKE QUESTIONNAIRE**

1. Name: \_\_\_\_\_
2. How Did You Hear About Us?: \_\_\_\_\_
3. Home Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. Social Security No.: \_\_\_\_\_
7. Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_
8. Email address: \_\_\_\_\_
9. Employer against whom you have a complaint: \_\_\_\_\_
10. Address: \_\_\_\_\_
11. Job Title: \_\_\_\_\_
12. How many full time employees at the workplace? \_\_\_\_\_
13. Date of Hire by employer against whom you have a complaint: \_\_\_\_\_
14. **Date of Termination:** \_\_\_\_\_ Voluntary? Yes \_\_\_ No \_\_\_ **Salary/Wage:** \_\_\_\_\_
15. What do you believe was the reason for your **termination**? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. What reason was given to you for your termination (if in writing, provide a copy)? \_\_\_\_\_
17. **Nature of Complaint:**
  - Wage/Overtime Claim \_\_\_\_\_
  - Meal/Rest Periods \_\_\_\_\_
  - Wrongful Termination \_\_\_\_\_
  - Sexual Harassment \_\_\_\_\_
  - Sex Discrimination \_\_\_\_\_
  - Racial Discrimination \_\_\_\_\_
  - Religious Discrimination \_\_\_\_\_
  - Pregnancy Discrimination \_\_\_\_\_
  - Age Discrimination \_\_\_\_\_
  - National Origin Discrimination \_\_\_\_\_
  - Refusal to do Illegal Act \_\_\_\_\_
  - Whistle Blower \_\_\_\_\_
  - Sexual Orientation \_\_\_\_\_
  - Family Medical Leave Act \_\_\_\_\_
  - Disability/Medical Discrimination \_\_\_\_\_  
(Provide medical report out-lining medical condition,  
limitations & job accommodations available)

18. Name & position of employee(s) who discriminated or harassed: \_\_\_\_\_
19. Names of witnesses to acts: \_\_\_\_\_
20. Other victims: \_\_\_\_\_
21. Date harassment/discrimination began: \_\_\_\_\_
22. Date harassment/discrimination ended: \_\_\_\_\_
23. Date you first complained to management: \_\_\_\_\_
24. To whom did you complain/job title & name: \_\_\_\_\_
25. What happened after you complained? \_\_\_\_\_
26. Was complaint in writing? Yes \_\_\_\_\_ No \_\_\_\_\_
27. Have you ever been promised permanent employment? Yes \_\_\_\_\_ No \_\_\_\_\_
28. By whom? \_\_\_\_\_ Job Title? \_\_\_\_\_
29. When did you first become employed after your termination? \_\_\_\_\_
30. Present Employer: \_\_\_\_\_ **Current Rate of Pay** \$ \_\_\_\_\_
31. Have you, or do you plan to file bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_
32. Have you filed a charge with the Department of Fair Employment and Housing, Equal Employment Opportunity Commission, Department of Labor, or Labor Commissioner?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which agency & date charge filed: \_\_\_\_\_
33. Have you received a **"Right to Sue"** letter from any agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, date of letter and agency: \_\_\_\_\_
34. Have you filed a Worker's Compensation case against this employer? Yes \_\_\_\_\_ No \_\_\_\_\_
35. Have you applied for Unemployment Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_
36. Have you previously consulted with an attorney concerning this matter? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, with whom and when: \_\_\_\_\_
37. Do you know of any illegal action(s) your employer engaged in? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain the illegal action: \_\_\_\_\_
38. Did you complain to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_
39. If yes, when and to whom? \_\_\_\_\_
40. Was there any written agreement with your employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, provide a copy)
41. Were you a member of any union while on the job? Yes \_\_\_\_\_ No \_\_\_\_\_
42. Did you receive letters of commendation, accolades, awards, performance bonuses, or disciplinary notices, warnings, demotions? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, explain in detail) \_\_\_\_\_
- 
43. Did you ever work more than 40 hours a week, or more than 8 hours per day and not get paid overtime? Yes \_\_\_\_\_ No \_\_\_\_\_



Thank you for contacting our office regarding your employment problem. We would like you to complete this Initial Consultation Form in order to assist us in evaluating your case. Reviewing your Consultation Form does not mean that Keegan & Baker, LLP has agreed to act as your attorneys. I acknowledge and understand that Keegan & Baker, LLP are not my attorneys and have not undertaken representation at this point.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_