

**INTAKE QUESTIONNAIRE**

**\*\*\* INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL \*\*\***

Please answer all applicable questions.

Today's Date:

(1) *Please describe yourself as follows.*

Full Name (Mr./Mrs./Ms./Dr):

Address:

Home Phone:

Work Phone:

Cell Phone:

Fax Number:

email address:

Age/DOB:

Race:

Color:

Nat'l Origin:

Sex:

Disabilities:

(2) *Please describe your employer as follows.*

Name & address of the Employer/Organization with whom you have a legal problem:

If you were employed by this Employer/Organization, provide the following:

Date Employment Began:

Date Employment Ended:

Last/Latest Job Title:

Last/Latest Compensation:

Salary/Wages:

Commissions:

Benefits:

If you were not employed by this Employer/Organization, describe your relationship:

(3) *Please describe the adverse employment action at issue as follows:*

Please check all that apply and provide any additional requested information:

- 1  Terminated: date first notified                      last day worked
- 2  Demoted: date first notified                      effective date
- 3  Denied Promotion: date first notified                      effective date
- 4  Not Hired: date first notified                      job applied for
- 5  Disciplined: date first notified                      nature & length
- 6  Not Paid: type/amount of compensation owed
- 7  Unequal Treatment: describe
- 8  Unequal Pay: describe
- 9  Defamed: who                      said what
- 10  Contract Breached: describe
- 11  Harassment: describe
- 12  Other: explain

What is the name and position of the person(s) who first notified you of the adverse action/inaction? What did they tell you?

What is the name and position of the person(s) who you think really caused the adverse action/inaction you are complaining of and why?

(4) *Please describe the reasons for the adverse employment action at issue as follows:*

What reason(s) were you given and by whom?

What do you believe the real reason(s) is for the adverse employment action at issue (please check all that apply and provide any additional requested information)?:

- 1 \_\_\_ Unlawful discrimination
  - a \_\_\_ Race
  - b \_\_\_ Sex
  - c \_\_\_ Age
  - d \_\_\_ Color
  - e \_\_\_ National Origin
  - f \_\_\_ Religion
  - g \_\_\_ Disability
- 2 \_\_\_ Retaliation or Whistleblower
- 3 \_\_\_ Discrimination for filing a worker's compensation claim
- 4 \_\_\_ Unlawfully interfered with your employment
- 5 \_\_\_ Harassment (sexual or otherwise)
- 6 \_\_\_ Defamation
- 7 \_\_\_ Breach of contract
- 8 \_\_\_ Failed to compensate you
- 9 \_\_\_ Other (describe)

Who do you contend (if you do) was treated better than you or who replaced you:

Name & Position

Who do you contend (if you do) was treated the same as you:

Name & Position:

Who do you contend would be a witness willing to testify in your favor?

Name:

Address:

Phone #:

Name:

Address:

Phone #:

(5) *Please describe what has happened since the adverse action at issue as follows:*

Describe all actions taken to date, if any, to resolve your matter:

Have you filed a Charge of Discrimination (or similar document) with the EEOC or any other government agency? \_\_\_ If so, date:

Have you received a Notice of Right to Sue Letter (or similar document) from the EEOC or any other government agency? \_\_\_ If so, date:

Have you signed a release or waiver? \_\_\_ If yes, please scan/email or fax with your intake form.

Have you received severance/settlement monies? \_\_\_ If yes, how much?

(6) *Please provide the additional miscellaneous information as follows:*

What do you want to accomplish through an attorney?

What company documents or property do you possess?

Are you aware of any deadline with respect to your need for legal advice or representation? \_\_\_ If yes, please explain:

Are there any misrepresentations or untruthful statements on your job applications or resumes that you submitted to any employer? \_\_\_ If yes, please describe and explain:

Do you have a written employment agreement or agreement that requires arbitration of disputes with your employer/organization? \_\_\_ If yes, please describe:

Have you ever filed a lawsuit or been sued? \_\_\_ If yes, please describe:

Have you filed a complaint with a governmental agency? \_\_\_ If yes, please describe:

Please provide the URL or links of any and all personal or social online websites of any kind in which you appear or subscribe to (i.e., LinkedIn, Twitter, FaceBook, etc.):

Who referred you to this law firm?

(7) *Please describe your main complaint(s) or legal issue(s):*

*By typing your name below, you are attesting, via electronic signature, that all of the foregoing information is true and accurate to the best of your knowledge. You also understand and agree that your completing and submitting this intake questionnaire to the Law office of Dale M Rodriguez does not, itself, constitute the formation of an attorney-client relationship. You further understand and agree that Law Office of Dale M Rodriguez may use the information you submit in this intake questionnaire to conduct a preliminary investigation or inquiry into your situation in order to determine whether or not legal representation or advice is feasible or desirable.*

SIGNATURE: \_\_\_\_\_