

CONFIDENTIAL EMPLOYMENT LAW QUESTIONNAIRE

A. GENERAL INFORMATION

Full Name (first, middle, last): _____

Home Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Social Security Number: _____

Email Address: _____

Have you ever made or been involved in any other claim or lawsuit, including, but not limited to, personal injury or other employment actions? Yes No

If so, please give details:

Have you ever been charged with any crime other than traffic tickets? Yes No

If so, please give details:

B. EMPLOYMENT INFORMATION

Employer: _____ Your Job Title: _____

Address of Employment: _____

City: _____ State: _____ Zip: _____ Total No. of Employees (best estimate): _____

Salary - Month Income: \$ _____

Hourly - Hourly rate \$ _____; Average number of hours worked per week: _____;

Who is your direct supervisor or manager? _____

Does your employer have a human resource department or person? If so, who is the Human Resource person and phone number: _____

For each adult job that you have had, provide the name of the employer, the approximate dates you worked there (month/year), your job title and duties, and discipline you received, and the reason for leaving the job.

C. I AM HERE BECAUSE

- Wage & Hour (check all that apply)
 - I am not getting paid for all of the time that I am working
 - I am not provided a meal or rest break
 - I am not getting paid overtime
 - I am not getting paid timely
 - My paystub information is not accurate

- I think I am receiving a salary or have been designated as an independent contractor so my employer does not have to pay me overtime and other benefits

- Breach of Contract
- Non-Compete Agreement
- Termination of Employment (date of termination _____)
- Severance Agreement (deadline to sign _____)
- Failure to Promote (date of denial of promotion _____)
- Denial of Benefits (e.g., wages, pension, health insurance) (date of denial _____)
- Failure to Hire (date of rejection _____)
- Violation of Employer's policies and procedures (date violation occurred _____)
- Sexual Harassment
- Racial Harassment
- Discrimination (check all that apply):
 - Race
 - Sex
 - National Origin
 - Sexual Orientation
 - Pregnancy
 - Age
 - Disability
 - Religion
 - Illness/Injury
 - Marital Status
- Pension or other benefit status
- Retaliation
- Other (explain): _____

D. TERMS AND CONDITIONS OF EMPLOYMENT

1. Are you a member of a union with the employer? If yes, what is the union's name?

2. Are you a party to a contract? () Yes () No

3. Did you receive a letter at the time of your hire that set out the terms of your employment? If so, please attach a copy. () Yes () No

4. Did you receive an employee handbook or personnel manual when you were hired or at some time during your employment? Yes No If you did not receive one, does the company use a manual or set of policies? How do you know?

5. Do you have copies of your performance evaluations? Yes No What ratings have you received over the past five years? Please explain rating scale.

E. PREVIOUS ACTIVITY

1. Have you filed a charge with the California Department of Fair Employment and Housing (DFEH) or the California Department of Industrial Relations? Yes No

If so, which organization did you contact? _____

When did you file the Charge or make a claim? _____

Did you receive a right-to-sue letter? Yes No; if so, when _____

Did the Labor Commissioner schedule a hearing? Yes No; if so, when _____

2. Have you filed a lawsuit about this claim? Yes No; If so, please attach a copy of the complaint.

3. Did you provide a written statement or voice recording?

F. DISCRIMINATION/HARASSMENT CLAIMS

1. During what period of time were you subjected to harassment and/or discrimination?

2. Who is/was harassing you and/or discriminating against you? (Include name(s) and job title(s)):

3. What happened to you to prompt this complaint? (Be specific as possible in describing the harassment/discrimination. Include names, dates, and locations. Try to describe the "who, what, when, where, why, and how" of the incident(s). Attach extra pages if necessary.)

4. What was your immediate reaction to the harassment/discrimination? Did you have any immediate physical reaction? If so, describe.

5. Who was the first person you spoke to about the harassment/discrimination? What did you say?

6. Did you ever protest this treatment? To whom? When? Under what circumstances? What actions were taken, if any?

7. What were the reasons given to you for your treatment?

8. Do you feel that the reasons given to you were false or insufficient? Why?

9. What do you think is the real reason for the treatment? What evidence do you have to support your belief?

10. Did anyone witness the incident(s) described above? If so, state the name of the individual who witnessed each incident.

11. With whom have you discussed the incident(s)?

12. Describe how you informed your spouse and family of the harassment/discrimination. Did you tell them immediately?

13. How many of your co-workers do you believe knew about your situation? How did they find out?

14. Have you previously been subjected to harassment or discrimination by the individual(s) identified in your response to questions no. 2? If so, please describe each prior incident in detail. (Include names, dates, and locations. Try to describe the "who, what, when, where, why, and how" of the incident(s). Attach extra pages if necessary.)

15. Do you have written documentation (e.g., cards, letters, diaries, journals, or calendars) relevant to your complaint? If so, describe the document(s).

16. Are you aware of other employees who have experienced harassment or discrimination by the person harassing or discriminating against you? If so, state the employee's name and the details of his or her experiences, if known to you.

17. When/if you were discharged, did you sign a resignation letter, waiver, or release? If so, please attach a copy and describe the circumstances under which you signed.

18. Do you believe the employer's actions violated its own procedures or policies? If so, explain.

F. RETALIATION

Did you complain to your employer about safety concerns, violations of the law, discrimination, sexual harassment, not getting paid correctly or some other issue? ? Yes No; if so, when, what did you say, who did you say it to? Please attach a memorandum, e-mail, text message or other document, if any, of the complaint

Do you feel like you were retaliated against for speaking out, defending yourself or others? Yes (No; if so, what was done, what did you do and why do you think it was retaliation? Please attach a memorandum, e-mail, text message or other document, if any, of the retaliation

G. INJURIES/DAMAGES

1. Are you currently working? Yes No

2. If you are not working:
What is the last date that you worked? _____

Why did you stop working?

- Medical Leave/Disability
- Termination/Forced Resignation
- Other (explain): _____

3. If you are on disability:
a. Who is the medical provider who placed you on leave?

- i. Name: _____
- i. Address: _____
- iii. Phone: _____

b. Have you been prescribed any medication(s)? If so, list each medication and the date(s) it was prescribed.

4. If no longer employed, what efforts have you made to obtain new employment? (Include the date of application; position and salary sought; and the results of the application. Begin with your most recent efforts.)

a.

b.

c.

5. How has this employment action affected your emotional health?

6. What is your wage loss at the present time?

7. Have you received all the salary, bonuses, vacation pay, commissions, and other compensation due you? If not, what is due?

8. What other economic losses have you suffered in relation to the employment dispute (e.g., stock options, profit-sharing, lost and/or reduced wages, etc.)?

Dated: _____

_____ Signature