

WAGNER & JONES LLP
Attorneys at Law
1111 East Herndon Avenue, Suite 317
Fresno, California 93720-3100
Telephone (559)449-1800
Facsimile (559)449-0749

Date _____

INTAKE QUESTIONNAIRE - EMPLOYMENT CASE(S)

1. Name: _____

2. Referred By: _____

3. Home Address: _____

4. City: _____ State: _____ Zip Code: _____

5. Date of Birth: _____

6. Social Security No.: _____

7. Home Phone: _____ Work Phone: _____ Cell Phone _____

8. Pager: _____ Email address: _____

9. Employer against whom you have a complaint: _____

Address: _____

Phone: _____

Job Title: _____

6. How many full time employees at the workplace? _____

7. Date of Hire by employer against whom you have a complaint: _____

8. **Date of Termination:** _____ Voluntary? Yes ___ No ___ **Salary/Wage:** _____

9. What do you believe was the reason for your **termination?** _____

10. What reason was given to you for your termination (if in writing, provide a copy)? _____

—

11. Nature of Complaint:

Sexual Harassment _____	Refusal to do Illegal Act _____
Sex Discrimination _____	Whistle Blower _____
Racial Discrimination _____	Sexual Orientation _____
Religious Discrimination _____	Wage/Overtime Claim _____
Pregnancy Discrimination _____	Family Medical Leave Act _____
Age Discrimination _____	Disability/Medical _____
National Origin _____	Discrimination _____
Discrimination _____	(Provide medical report out-
Wrongful Termination _____	lining medical condition,
	limitations & job accommodations
	available)

12. Name & position of employee(s) who discriminated or harassed: _____

13. Names and Addresses of witnesses to acts: _____

Other Victims: _____

14. Date harassment/discrimination began: _____

15. Date harassment/discrimination ended: _____

16. Date you first complained to management: _____

17. To whom did you complain/job title & name: _____

18. What happened after you complained? _____

19. Was complaint in writing? Yes _____ No _____

20. Have you ever been promised permanent employment? Yes _____ No _____

21. By whom? _____ Job Title? _____

22. When did you first become employed after your termination? _____

23. Present Employer: _____ Current Rate of Pay \$ _____

24. Have you, or do you plan to file bankruptcy? Yes _____ No _____

25. 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:

26. Have you received a "Right to Sue" letter from any agency?

Yes _____ No _____ If yes, date of letter and agency: _____

27. Have you filed a Worker's Compensation case against this employer? _____

28. Have you applied for Unemployment Benefits? _____

29. Have you previously consulted with an attorney concerning this matter?

Yes _____ No _____ If yes, with whom and when: _____

30. Do you know of any illegal action(s) your employer engaged in? _____ If so, explain the illegal action: _____

31. Did you complain to anyone? _____

32. If yes, when and to whom? _____

33. Was there any written agreement with your employer? Yes _____ No _____
(If yes, provide a copy)

34. Were you a member of any union while on the job? Yes _____ No. _____

35. Did you receive letters of commendation, accolades, awards, performance bonuses, or disciplinary notices, warnings, demotions? (If so, explain in detail)

36. Do you have a claim for unpaid meal time, over time, vacation time, sick time or breaks? Yes _____ No _____

