**EMPLOYMENT DISCRIMINATION QUESTIONNAIRE**

Thank you for contacting Albeit Weiker, LLP. To allow us to evaluate your claim accurately, please complete as much information as you can below. If unsure, leave it blank. We have designed this form so that it can be completed in less than 5 minutes.

**Please email the completed form to mark@awlawohio.com or fax it to (614) 417-5081. Once returned, we will contact you to schedule your free consultation.**

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| --- | --- |
| **Full Name:** |  |
| **Address:** |  |
| **DOB:** |  | **Telephone:** |  |
| **Email:** |  |  |
| **Were you an independent contractor or employee?**  |  |
| **Did you have an employment contract? (Y/N)** |  | **If so, what was the stated term (duration or length of time)?** |  |
| **Have you filed for unemployment benefits? (Y/N)**  |  | **If so, has a hearing been held? (Y/N)** |  |
| **Are you interested in continuing in the same job? (Y/N)** |  |
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| **Discrimination Claims** |
| **#1 – Are you in any protected class of persons (see list below)? (Y/N)** |  |
| **Highlight or underline all that apply (required element):** * Minority (race)?
* Female?
* Age (over 40)? Please note: age claims are very time sensitive.
* Pregnant or on Maternity Leave?
* Disease or Disability?
* Nationality?
* Practice Religion?
* Military Service?
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| **If you marked pregnancy, disease or disability or religion above, please indicate the date that you notified the employer that you were pregnant, disabled or practiced a particular religion.**  |  |
| **If you are not in any protected class listed above, do you believe the employer regularly discriminated against the majority (non-protected class of people)? (Y/N)**  |  |
|  |  |
| **#2 – Were you subjected to an adverse employment action (see list below- required element)? (Y/N)** |  |
| **Highlight or underline all that apply:** * Demotion (with financial consequences)?
* Suspension (of at least 2+ days)?
* Termination?
* Forced Resignation?
* Resignation because of persistent/pervasive documented harassment?
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| **Date of adverse action?**  |  |  |
| **Reason stated by employer for the adverse action (e.g. reason for termination)?**  |  |
| **Do you believe this was the real reason for termination/suspension? (Y/N)** |  |  |
| **If no, what do you believe was the real reason for termination/suspension?**  |  |
| **Termination/suspension date:**  |  |
|  |
| **#3 – Were you qualified for the job (required element)? (Y/N)**  |  |  |
| **Were you evaluated? (Y/N)** |  |  |
| **Did you receive the evaluations? (Y/N)**  |  | **If so, how were you rated, roughly (poor/good/excellent)?**  |  |
| **Most recent evaluation date?**  |  |  |
| **Given a performance improvement plan?** **(Y/N)** |  | **Date?** |  |
| **Given last chance agreement? (Y/N)** |  | **Date?** |  |

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| **REPLACED BY SOMEONE (required element – 4a or 4b)?** |
| **# 4a – If terminated, were you replaced by someone outside the protected class (e.g. white, under 40, non-disabled, etc.)? (Y/N)** |  |
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| **COMPARABLE EMPLOYEES / COMPARABLE CONDUCT** |
| **#4b – Were you treated differently than someone outside protected class (e.g. white, under 40, non-disabled, etc.)? (Y/N)**  |  |
| **Was the conduct of the comparable employee similar to yours? (Y/N)** |  | **Was the position of the comparable employee the same or similar to yours? (Y/N)** |  |

**Please provide any additional information you believe is important for us to know prior to your consultation:**

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**Thank you for taking the time to complete the questionnaire. This will help us to quickly and accurately evaluate your claim(s). We understand that many details will need to be discussed and may not be included on the form. Please bring copies of all relevant contracts, policies and communications with you to the consultation.**

**We are looking forward to meeting you.**