**WRONGFUL TERMINATION 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.

**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?**  |  |
| **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)** |  |
|  |  |
| **ADVERSE EMPLOYMENT ACTION (required element for wrongful termination)** **Highlight or underline all that apply:** * Termination?
* Forced Resignation?
 |
| **Date of termination?**  |  |  |
| **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?**  |  |
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| **Intake note: Potential client will need one of the 3 exceptions (listed #1-3 below) to the at-will employment doctrine in order to mainatin a wrongful termination claim** |
| **#1 - DISCRIMINATION: Do you believe you were fired because of your inclusion in any of the protected classes below? (Y/N)** |  |
| **#1 – Which protected class? Highlight or underline all that apply:** * 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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| **#2 – BREACH OF EMPLOYMENT CONTRACT: Did you have an employment contract? (Y/N)** |  | **If so, what was the stated term (duration or length of time)?** |  |
| **If you had an employment contract, do you believe it was violated when you were terminated? (Y/N)** |  |

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| **#3 - RETALIATION: Do you believe you were fired because you asserted any of these protected rights to your employer (see list below)? (Y/N)** |  |
| **Highlight or underline all that apply:** * Requested/approved for FMLA (medical leave)?
* Requested/approved for maternity leave?
* Requested an accommodation because of a disease or disability?
* Requested time off for a workplace injury, or filed for workers compensation?
* Notified your employer of a law they were violating—**in writing** (required)? (Whistleblower)
* Refused to perform an illegal act?
* Refused to work in a dangerous condition not inherent in the job?
* Asserted another right (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **QUALIFICATIONS: 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?** |  |

**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.**