**EDUCATION DISCRIMINATION QUESTIONNAIRE**

Thank you for contacting Albeit Weiker, LLP. To allow us to evaluate your education issue 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:** |  | | | | | | |  | | | | |
| **School/College/University name?** | | | |  | | | | | | | | |
| **Program of study?** | | | |  | | | | | | | | |
| **Year in school?** | | | |  | | | | | | | | |
| **Are you facing dismissal or have you been dismissed from the school? (Y/N)** | |  | | | **If not dismissal, other discipline pending or imposed?** | | | | | |  | |
| **Has a hearing been held before the school’s Code of Conduct Committee or Academic Affairs Committee? (Y/N)** | |  | | | **What is the stated reason for discipline (e.g. off-campus conduct, plagiarism, acad. performance, etc.)?** | | | | | |  | |
| **Are you interested in continuing at the school? (Y/N)** | | | | | | |  | | | | | |
|  | | | | | | | | | | | | |
| **Discrimination/Equal Protection** | | | | | | | | | | | | |
| **Are you included in any protected class of persons (see list below)? (Y/N)** | | | | | | | | | | | |  |
| **Highlight or underline all that apply (required):**   * Minority (race)? * Female? * Nationality? * Practice Religion? * Disease or Disability? | | | | | | | | | | | | |
| **If you marked disease or disability, please indicate whether you notified the school of your disease or disability. (Y/N)** | | | | | | | | |  | | | |
|  | | | **If so, who did you notify?** | | | | | |  | | | |
|  | | | **Date of notification?** | | | | | |  | | | |
|  | | | | | | | | | | | | |
| **Do you believe you were treated differently than other students who have similar disciplinary or academic issues? (Y/N/IDK)** | | | | | | | | | |  | | |
| **Do you have other reasons to believe you were discriminated against (e.g. comments, actions, unequal treatment, etc.)? (Y/N)** | | | | | | | | | |  | | |
| **If so, please provide an explanation below.** | | | | | | | | | | | | |

**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. We understand that many details will need to be discussed and may not be included on the form. Please bring copies of all relevant documents, policies and communications with you to the consultation.**

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