

DISCRIMINATION INTAKE QUESTIONNAIRE
CONFIDENTIAL ATTORNEY/CLIENT PRIVILEGED MATERIAL

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These instructions will assist you in providing us the information we need to help you with your case. **The answers you provide are protected by the Attorney-Client Privilege. They are strictly confidential and will not be disclosed to anyone.** If you have any questions in filling out this form, please call us.

INSTRUCTIONS

STEP 1:

Review the Document Checklist on the second to last page of this Form and assemble as many of the requested documents as you can.

STEP 2:

Answer *every* question on the Form below. If a question does not apply, please write "N/A." If you need additional space for a question, use additional pages. Write only on one side of the additional pages. Do not write on the back sides. Type your answers if you can; otherwise, print clearly. *If you have email, we would be happy to email you a copy of this Questionnaire so you can type your answers directly into it and email it back to us.*

STEP 3:

Prepare a chronological summary of the facts. Put the date of a given fact in the left margin, and then write the fact out in your own words. This summary is *essential* for us to evaluate your case. Tell us everything that happened to you, in the order that it happened.

Example of Chronology

1/15/03

Filled out employment application and mailed it to John Smith, Director of Human Resources of Acme Corp.

1/19/03

Received phone call from John Smith to schedule interview.

1/24/03

Attended interview with John Smith. During interview, Mr. Smith said "I didn't realize you were an Arab."

Etc.

STEP 4: DETAIL, DETAIL, DETAIL

Each time you describe something that happened, think about how you would *prove it* if asked by someone who does not know you or your workplace. Include the names and contact information of anyone present, and identify any documents that could support your view of what occurred. Be specific. For example, do not say, "My supervisor ordered me to fix the machine." Instead, say, "My supervisor, John Smith, gave me a written order (copy attached) to fix the fax machine on June 11, 2003." In addition, tell us what specific facts exist to back up what you believe was the real reason for the actions that form the basis of your claim. For example, if you believe your supervisor "had it in for you," tell us why this came about, when it happened, how the dispute arose, over what incident, and so on. Include dates and times, and identify as many witnesses as you can. Include in your chronology your thoughts, feelings and emotions. It is important for us to know how you felt, especially if you want to recover damages for emotional distress, embarrassment, anxiety and ailments.

STEP 5: GIVE IT YOUR BEST EFFORT

We realize we are asking for a significant investment of your valuable time and effort in completing this Questionnaire. You will find, however, that it is an invaluable tool to focus your thoughts, understand your case, and assist us in providing you with the highest quality legal representation possible. Thank you for your cooperation.

BIOGRAPHICAL INFORMATION

First Name _____

Middle Name _____

Last Name _____

Street Address _____

City _____

State _____

Zip _____

County _____

Telephone Nos.

Home: _____

Work: _____

Cell: _____

Fax: _____

Email: _____

Social Security No.: _____

Date of Birth: _____

EMPLOYMENT EXPERIENCE

Begin with current employer

Employer_____

Address_____

Position_____

Duties

Reason for leaving

Vacation Days: _____ Sick Days: _____ Benefits: _____

Employer_____

Address_____

Position_____

Duties

Reason for leaving

EDUCATION

High School _____

Graduation Date _____

College _____

Course of Study _____

Years Attended _____

Post Graduate Education: _____

Other course work or certifications

YOUR COMPLAINT IS AGAINST:

Employer_____ Union_____ Employment Agency_____ Other_____ (Specify)

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Type of Business:_____

Telephone No.:_____

(Including Area Code)

Number of employees who work at the organization named above. Please check one.

Fewer than 15_____ 16-100_____ 101-500_____ More than 500_____

Dates of employment with this Employer_____

Immediate Supervisor:_____

Last two positions held with this employer:

_____ Dates:_____

_____ Dates:_____

Describe the job duties of your most recent position.

Last date worked: _____

Are you a civil service or union employee? Y N

Did you have a contract of employment? Y N

What was your salary or hourly wage? _____

Full-Time/Part-Time? _____

Anticipated raises, bonuses, or commissions: _____

Vacation days per year: _____

Sick/personal days per year _____

Were you ever warned or disciplined? Y N

For what?

Was the warning or discipline legitimate? Y N

Why or why not?

Did you sign anything to get severance? Y N

What documents did you sign?

Do you have an employee handbook? Y N

UNEMPLOYMENT COMPENSATION

Did you apply for unemployment compensation Y N

Reason you gave for discharge: _____

Did the employer contest the unemployment? Y N

What reason did the employer provide?

Did you have a referee hearing? Y N

If yes, what was the result? _____

PLEASE PROVIDE COMPLETE RESPONSES TO THE FOLLOWING

In the following questions, the word "class" refers to race, gender, age, national origin, religion or disability.

1. Were you the subject of discrimination, retaliation or harassment? If yes, check which apply.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Race | <input type="checkbox"/> Age (40+) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Harassment |

Refusal to perform an illegal or unethical act

Reporting of illegal or unethical conduct to management or a government official

Other

3. In chronological order, explain **in detail** (names, dates, places, witnesses, etc.) the actions taken against you that you believe were discriminatory. In lieu of answering here, you may submit instead your separate Chronology. Make sure to identify the employment actions taken against you, e.g., failure to hire or promote, change of job duties or working conditions, discipline, reassignment, harassment, termination, retaliation, etc.

5a. If you were discharged, were you replaced? If so, by whom? Please provide the person's name, age, gender, race and qualifications.

5b. If you were not hired for a position, was anyone hired? If yes, please provide the person's name, age, gender, race and qualifications.

6. What reason were you given for the action taken against you or for the treatment you received that you are complaining about?

7. Are the reasons for the action taken against you by the organization accurate?

Y N

Explain why or why not.

8. Describe the organization's policy or usual practice regarding the actions you are complaining about.

9. Were any other employees ever in the same or similar position as you? For example, if your employer says it fired you because you smoked in the building, did any other employees ever smoke in the building?

If yes, list and identify them by race, sex, age, etc.

Name	Race, Sex, Age, etc.
<hr/>	
<hr/>	
<hr/>	

10. What happened to him or her?

11. Name other people who have been treated differently or more favorably under similar circumstances. Identify them by name, race, sex, age, etc.

Name	Race, Sex, Age, etc.
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12. What happened to him or her?

13. If the organization gave a reason for the action it took against you, can you name any employees who did the same thing or something worse who was not treated the same as you?

Name: _____ Race, Sex, Age _____

Job/Dept. _____

What did he/she do?

What happened to him or her?

PRIOR LEGAL PROCEEDINGS

Have you sought assistance in this matter from any Government agency, union, attorney, or any other source? Y N

Name of source or assistance

Date

Result, if any:

Have you ever filed any charges relating to this employer with the EEOC, the PHRC, the PCHR or any other federal or state agency:

Date Filed

Allegations

Charge No.

Have you ever filed an EEOC Charge in the past? _____ Yes _____ No (If the answer is yes, complete below)

Approximate Date Filed

Organization Charged

EEOC Charge No. (If known)

Have you filed any prior lawsuits for any reason? _____ Yes _____ No

If yes, please describe what the lawsuit was about, the dates, the result and the identify your attorney.

Have you ever been charged with and/or arrested for a criminal offense, including any summary, misdemeanor or felony offenses? This request includes disclosure of juvenile history. Y N

If yes, identify:

(a) the date of the charge(s) and/or arrest(s):

(b) the nature of the charges:

and,

(c) the disposition of the charges, indicating whether the case was disposed of, in whole or in part via adjudication at trial, guilty plea, plea bargain, or other means.

WITNESSES

Please identify all persons whom you believe would have information about this case.

Witness 1:

Name: _____

Address: _____

Phone Number: _____

Email: _____

If employed by Defendant – in what position: _____

What do you believe they know? _____

May we contact this person? _____

Witness 2:

Name: _____

Address: _____

Phone Number: _____

Email: _____

If employed by Defendant – in what position: _____

What do you believe they know? _____

May we contact this person? _____

Witness 3:

Name: _____

Address: _____

Phone Number: _____

Email: _____

If employed by Defendant – in what position: _____

What do you believe they know? _____

May we contact this person? _____

DAMAGES

Please list any type of out-of-pocket losses you have incurred as a result of the discrimination.

What are you looking to gain / what are your objectives from this potential lawsuit?

Medication_____

Are you still treating with this person?_____

EMOTIONAL HARM

Check off all of the following that have applied to you in the last three years:

- _____ I have had a change in my family status caused by marriage, divorce or separation.
- _____ There has been a death or serious illness in my family or someone close to me.
- _____ I have had relationship problems.
- _____ I have had marital problems.
- _____ I have received marital or personal counseling.
- _____ I have had legal problems.
- _____ I have had financial problems.
- _____ I or my spouse have had employment problems.
- _____ I have had dietary or health problems.

Please circle the number of all items below that apply to you since the employment action at issue in your case.

I have suffered:

A. Psychological symptoms consisting of:

1. shock
2. loss of self-esteem
3. feelings of failure to my family
4. fear of the future
5. loss of pleasure from life
6. embarrassment and humiliation

7. panic attacks
8. anger
9. feeling used and exploited
10. feeling betrayed
11. feeling disappointed
12. feeling sad or depressed
13. self-hate
14. suicidal ideas
15. feelings of dread going to work or arriving at work
16. difficulty making decisions
17. worries about looking old or unattractive
18. worries about loss of medical coverage for self or family
19. worries about inability to pay bills
20. worries about bankruptcy
21. anxiety
22. stress
23. wishing to be a child again or with your mother
24. nervous breakdown

B. Physical symptoms consisting of:

27. loss of appetite
28. weight gain
29. weight loss
30. injury from perpetrator
31. loss of energy
32. numbness/loss of sensation
33. ulcers
34. loss of hair/hair falling out
35. gastrointestinal disorders
36. flatulation
37. bad breath
38. headaches
39. dizziness
40. shortness of breath
41. acne breakouts
42. nausea or vomiting
43. breaking out in sweats
44. skin hives, rashes
45. muscular twitches
46. hands or fingers trembling
47. elevated pulse or blood pressure

C. Behavioral symptoms consisting ofL

- 48. increased crying or crying episodes
- 49. inability to cry
- 50. inability to sleep or interrupted sleep
- 51. sleep too much
- 52. nightmares
- 53. increased use of alcohol
- 54. increased use of tobacco
- 55. biting fingernails
- 56. compulsive eating of certain foods
- 57. decrease in exercise activities

D. Disruptions in my personal relationships consisting of:

- 58. sex life altered, libido diminished
- 59. avoidance of friends or relatives
- 60. not reading mails
- 61. not returning messages or phone calls
- 62. afraid to leave home
- 63. arguing more with spouse
- 64. separation or divorce
- 65. sudden outbursts of anger
- 66. stuttering
- 67. accidents from uncharacteristic carelessness

DOCUMENT CHECKLIST - Please make sure you include the following documents with your completed questionnaire.

- ___ Your Chronology
- ___ Copies of all documents regarding any warnings or discipline you received
- ___ Copies of all communications with your supervisor or other employees
- ___ Copies of all your performance evaluations
- ___ Your resume
- ___ Your Employee Handbook
- ___ Your final W-2 from the employer you are complaining against
- ___ Your W-2's from all employers since you were discharged
- ___ Your final pay stub from the employer you are complaining against
- ___ Your most recent pay stub
- ___ Any release or other document you signed at the time of or after your termination
- ___ All documents related to your unemployment compensation benefits
- ___ All documents regarding any severance pay you received
- ___ All documents regarding any EEOC/PHRC charges you may have filed
- ___ All documents regarding your job search efforts
- ___ All notes you or any friends or family members made concerning the events supporting your claim as they happened.
- ___ Any medical records for treatment or counseling you have received in connection with your employment matter

Please do not mark the documents directly. Use post-it notes if you need to make comments. If there are documents that you know exist, but which your employer has, tell us what documents they are. Remember, make a set of copies for us, place the copied documents

in chronological order, send them to us with your completed Questionnaire, and keep your original documents. Thank you again for your hard work.

PLEASE READ, DATE and SIGN

I submit the information in this Questionnaire and enclosed documents for review by the Lamberton Law Firm, LLC, and agree it is the Firm's property. I understand the Lamberton Law Firm has yet made no decision to represent me, has not yet rendered any opinion on my matter, and it may take an unspecified amount of time for the Lamberton Law Firm to complete its review of my materials. I understand and agree the Lamberton Law Firm is not responsible to file anything or take any action on my case at this time. I understand and agree that I have not yet retained the Lamberton Law Firm for purposes other than preliminary review of my potential case facts. I know and understand there are time limits involved in legal and administrative proceedings, and I alone assume the risk that such limits may run before this consultation is completed, and agree that the Lamberton Law Firm is not responsible to meet such deadlines or file anything on my behalf to meet such deadlines.

Signature

Printed Name

Date

