

Bergstein & Ullrich, LLP

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CONFIDENTIAL EMPLOYMENT QUESTIONNAIRE

Your Name: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:

Be as detailed as possible.

The following questions will help us understand your claim and any potential problems that may arise regarding that claim. Some of these questions are very personal in nature; however, we ask that you answer truthfully and as completely as possible. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Please return this form to us with:

1. **A summary of the incident:** Describe in your own words (and detail) the events that have led you to believe that you were discriminated against or treated wrongfully by this employer.
2. **Supporting and/or relevant documents:** Please include **copies** of all documents (paperwork) that you think support your claim, are relevant to your claim, or would assist us in evaluating your claim. **ONLY SEND COPIES, we are not responsible for returning any documents.**

Thank you for the opportunity to review your claim.

BASIC INFORMATION
(regarding you and your current spouse)

YOU

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

FAX NUMBER: _____

EMAIL: _____

CURRENT EMPLOYER _____

POSITION: _____

SALARY: _____

HOW LONG EMPLOYED? _____

WORK HOURS: _____

SS # _____

YOUR SPOUSE

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

FAX NUMBER: _____

EMAIL: _____

CURRENT EMPLOYER: _____

POSITION: _____

SALARY: _____

WORK HISTORY

Date (From/To)	Employer/Address	Position & Salary	Reason for Leaving (State specific reason)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INFORMATION REGARDING YOUR CLAIM

Type of Discrimination:

- | | | |
|--|---|--|
| <input type="radio"/> Race/National Origin | <input type="radio"/> Age | <input type="radio"/> Sexual Harassment |
| <input type="radio"/> Marital Status | <input type="radio"/> Religion | <input type="radio"/> Pregnancy |
| <input type="radio"/> Retaliation | <input type="radio"/> Disability/Handicap | <input type="radio"/> Sexual Orientation |
| <input type="radio"/> Whistle Blower | <input type="radio"/> Sex (Gender) | <input type="radio"/> Other |

EMPLOYER (Company) that you believe discriminated against you or treated you wrongly:

Date you were first employed with this employer: _____

Date your employment with this employer ended: _____

Date you were first discriminated or retaliated against: _____

Date of last act of discrimination or retaliation against you: _____

Your job position(s) while employed with this employer:

Number of people employed by this employer

Name of supervisor or other person(s) whom you believe mistreated you or discriminated against:

Did/does this employer evaluate your job performance in writing? _____

If so, what rating(s) did you receive? _____

If you are no longer with this employer, did you resign or were you fired? _____

If you were fired, state the reason given by your employer. If resigned, state the reason you gave to your employer:

Have you or did you receive any awards or other special recognition from this employer? _____

If so, describe the awards or recognition and state the date you received it. _____

Were you ever reprimanded (verbal, written, suspension, demotion, etc.) by this employer? _____

If so, describe each incident of reprimand, including the date it occurred.

Was/is your job performance or job behavior criticized by this employer or any of your supervisors or coworkers?

_____ If so, describe each criticism in detail.

Do you know of other employees who have committed or been accused of the same behavior as you who were treated differently by your employer (ie, not reprimanded like you were)? _____ If so, give complete details regarding each employee including name, date, what the employee did, and what the employer did.

In your own opinion, why were you treated differently by this employer?

Did you tell any supervisor, manager or company official that you believed that you were being discriminated against? _____

If so, what did you say to whom did you say it and when? What was said or done in response to your allegations of discrimination? Did you ever suffer any form of retaliation for your allegations of discrimination? If so, please state the full circumstances of the retaliation.

Did you complete a job application and/or resume for this employer? _____

If so, was ALL information in that application or resume truthful? _____
If not, provide details or any information that was inaccurate, incomplete, or untrue.

GENERAL INFORMATION

Answer the following questions to the best of your ability. If your answer to ANY question is YES, please explain in the space provided below the questions.

	YES	NO
Have you previously hired or consulted with a lawyer concerning this problem?	<input type="radio"/>	<input type="radio"/>
Have you previously claimed that any person, business, or employer has discriminated against you?	<input type="radio"/>	<input type="radio"/>
Have you participated in grievance proceedings?	<input type="radio"/>	<input type="radio"/>
Have you ever filed a formal or informal claim of discrimination with regard to any employer with any administrative agency such as the Equal Employment Opportunity Commission or the State Division of Human Rights or any court?	<input type="radio"/>	<input type="radio"/>
Have you ever been diagnosed with a mental illness or disability?	<input type="radio"/>	<input type="radio"/>
Have you ever been hospitalized or confined for mental illness or disability?	<input type="radio"/>	<input type="radio"/>
Do you suffer from serious physical illness or disability?	<input type="radio"/>	<input type="radio"/>
Have you ever been declared totally or partially disabled?	<input type="radio"/>	<input type="radio"/>
Are you receiving disability, social security, AFDC (food stamps or "Welfare" checks) or other social assistance?	<input type="radio"/>	<input type="radio"/>
To your knowledge, have you received any bad or negative employment references from the employer that you believe discriminated against you?	<input type="radio"/>	<input type="radio"/>
Have you given any verbal, written or recorded statements to any person regarding this claim??	<input type="radio"/>	<input type="radio"/>

How did you learn of Bergstein & Ullrich, LLP?

Referral: (Name) _____

Bar Association Referral Service _____

Bar Association Website _____

Internet

Our website _____

Other _____

Print Ad

Times Herald Record _____

Other _____

**Thank you for taking the time to complete this Questionnaire.
Please return it to our office for review, after which we shall contact you.**

**** Only send copies of your documents.**
We are not responsible for returning any documents**