Discrimination, Harassment and Wrongful Termination Questionnaire

In order for us to evaluate your issues, please print this form out and fax it to Marie Stanescu at 206-447-0215.

Discrimination, Harassment and Wrongful Termination Questionnaire
(For claims of discrimination or harassment or wrongful termination)

Filling out this form does not create an attorney-client relationship, nor does it mean that our firm is under any obligation to represent you. A decision to represent you can only be made in writing by a member of the firm. Also, filling out this form does not preclude us from deciding not to represent you and representing someone else involved in the dispute instead.

Keep in mind that there is a small possibility that we already represent one of the people or entities involved in the subject of the complaint. In order to avoid a potential conflict of interest with an existing client of our firm, please start by e-mailing mstanescu@omwlaw.com with the names of all of the potential parties BEFORE you fill out the form so that we can run a conflicts check. If you fill out this form without having us run a conflicts check first and it turns out that there is a conflict, we are not precluded from representing the person or entity that is the subject of the conflict.

Name and location of employer

______________________________________________________________________________

______________________________________________________________________________

Name and location of employee

______________________________________________________________________________

Name of employee's supervisor

______________________________________________________________________________

How long has employee worked for this employer?

______________________________________________________________________________
Please provide employee's job title and a description of employee's duties (attach a job description if there is one)

______________________________________________________________________________
______________________________________________________________________________

What is/was employee's rate of pay?

______________________________________________________________________________

Why does employee believe that employee was terminated, harassed or discriminated against?

______________________________________________________________________________

What was the reason given by employer gave you for employee's termination or treatment (if any)?

______________________________________________________________________________

Does the employer have any documentation relating to the harassment, discrimination or wrongful termination claim? What is the documentation? Was it shared with the employee? Does the employee have copies of it?

______________________________________________________________________________

How were the employee's performance evaluations? When was the last evaluation? Was it substantially different from earlier evaluations? If so, why?

______________________________________________________________________________

Did anyone ever criticize employee's work before this situation arose?

______________________________________________________________________________

Have other employees in similar circumstances been treated the same as this employee?

______________________________________________________________________________

Is the employee a member of a union? If so, did the employee file a grievance with the union? What was the outcome of the grievance?

______________________________________________________________________________
Does (or did) the employee have a contract with the employer? Does it say the employee is at-will, or does it require a reason or a process for termination?

Does the employee believe that the employer treated the employee differently from other employees because of any of the following: because of sex, age, race, creed, color, national origin, veteran status, marital status, sexual orientation, political beliefs, disability, or other status protected by law?

Has a doctor diagnosed the employee as having a disability?

If the employee is disabled, did the employer know about the disability? When did the employer learn of the disability?

If the employee is disabled, how did the disability affect the employee's ability to do his or her job?

If the employee is disabled, did the employee request any accommodations from the employer? What were the requested accommodations? How did the employer respond?

How many employees does the employer have?

Does the employer have any personnel manuals or memos or other documents that talk about what is expected of employees in the work environment?

What is in the employee's personnel file that may relate to these issues?
If the employee left his or her job or was fired, has the employee found alternate employment? How long was employee out of work?

______________________________________________________________________________

If employee has another job, how does it compare to employee's old job in terms of wages, benefits and possibilities for promotion and raises?

______________________________________________________________________________

If employee is out of work, what has employee done to look for employment and how long do you anticipate it will take for employee to find a job?

______________________________________________________________________________

Has employee undergone any retraining? If so, please describe it.

______________________________________________________________________________

What do you hope to gain through legal action, or though OMW representing you?

______________________________________________________________________________

Has employee filed a complaint with the EEOC or the Human Rights Commission? When? What have they told you about the complaint? What has been done on the complaint so far?

______________________________________________________________________________

Does the employee believe that he or she has been retaliated against for telling the employer or an agency such as the EEOC about harassment or discrimination?

______________________________________________________________________________

Thank you for contacting us. We will need some time to review your answers to this questionnaire, and then we will get back to you. Generally, the review process takes from one to five days.