

SINCLAIR LAW OFFICE  
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## INFORMATION ABOUT YOU

Date:

Name:

Address:

City:

State:

Zip:

Telephone:

Home:

Work:

Email:

Is it OK to call at work?

Yes

No

Social Security Number:

Referred by:

If you have any deadlines or statutes of limitation coming up, please describe:

## PLEASE NOTE

We are not responsible for deadlines during the time we are reviewing your case. If deadlines become due, you are responsible for them unless we take your case.

## **INFORMATION ABOUT YOUR EMPLOYMENT**

Employer:

Address:

City:

Phone:

Date you began:

Position title:

Time in position:

Total time with employer:

Salary:

Date of last promotion:

Supervisor / Title:

Have you filed a complaint with your employer? If so, what happened?

Describe personnel policies or handbooks if there are any:

Describe any performance evaluations you have received:

**INFORMATION ABOUT YOUR UNION (IF ANY)**

Is there a union?

Name of union:

Name of union representative:

Have you filed a grievance?

If so, what happened?

**INFORMATION ABOUT WHAT HAPPENED TO YOU**

If some action was taken against you (such as termination, suspension, different treatment, demotion, transfer, etc), describe what happened:

What reasons were given for this action?:

Do you believe you have been discriminated against? If so, describe the reason(s) you believe your employer discriminated against you.

If your case involves harassment, please describe:

Please include any other relevant information you have:

## **INFORMATION ABOUT OUTSIDE AGENCIES**

Have you filed a complaint with the EEOC? / Date:

Have you filed a complaint with the DFEH? / Date?

Have you filed a complaint with any other agency (e.g. Labor Commissioner, Office of Federal Contract Compliance, etc.)?

Name of agency:

Date filed:

Describe what the agency has done:

Have you received a right-to-sue letter?

Date:

Were you injured on the job?

Name of workers= compensation attorney:

Have you requested reasonable accommodation? / Describe:

Have you been released to return to work? / Date:

Has your doctor put you under any restrictions? / Describe:

**INFORMATION ABOUT LEGAL SERVICES**

Please describe the legal services you would like our office to provide:

**WHAT RESOLUTION DO YOU WANT**

Please describe what resolution you would like to see in your case: