

GREGG M. CORWIN & ASSOCIATES LAW OFFICE, P.C. - INTAKE QUESTIONNAIRE
PLEASE PRINT

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Employer or company with whom you have a legal problem: _____

How long were you (or have you been) employed by this company? _____

Specific date of hire: _____ Job at hire: _____

Have you been:

1. Terminated? _____ Date you were notified: _____
Date of termination: _____
2. Demoted? _____ Date notified: _____
Effective Date: _____
3. Denied promotion? _____ Date notified: _____
Effective date: _____
4. Refused a job you applied for? _____
5. Other? _____

What was the stated reason? _____

What is the name of the person who told you of the adverse decision? _____

What is this person's position? _____

Your date of birth? _____ What was your salary or pay? \$ _____ per _____

What was your job title (or what job were you seeking)? _____

(In case of termination) How much, if any, severance pay were you given? _____

Have you signed a release or waiver? _____

What is the age, race and sex of your replacement? _____

Have you found other employment?

1. Yes (if so, new salary or pay): _____
2. No but expect to soon: _____
3. No and do not expect to soon _____ Why not? _____

Do you believe your case may involve any of the following (yes, no or maybe)?

Age Discrimination _____ Sex Discrimination _____ Race Discrimination _____

If sexual harassment, name, sex, age and job title of everyone who sexually harassed you:

Disability discrimination _____

If so, what is your disability? _____

Did the company know you had a disability? _____

How? _____

Libel or slander _____ Breach of contract _____

Fired for refusing to perform an illegal act _____

If so, what did you refuse to do _____

Fired for filing a workers' compensation claim _____

Another company got you fired _____

Other (please specify) _____

Did the company have:

Do you have a copy?

Employee handbook	Yes _____	No _____	Yes _____	No _____
Written rules	Yes _____	No _____	Yes _____	No _____
Termination form	Yes _____	No _____	Yes _____	No _____
Exit interview	Yes _____	No _____	Yes _____	No _____

Briefly describe your main complaint: _____

Who referred you to this law firm? _____

What do you want to accomplish through an attorney: _____

Exact date you contacted or filed with Minnesota Human Rights Department or EEOC:

What has happened with your complaint at MHR? _____

Do you have MHR decision? Yes _____ No _____

Date (if any) of EEOC charge: _____

Date (if applicable) of determination letter from EEOC: _____

Are you aware of any kind of deadline with respect to your need for legal advice or representations? If so, please explain briefly _____

Signature _____

Date: _____