



**TERMS AND CONDITIONS OF EMPLOYMENT**

1. Are you a member of a union with the employer? If yes, what is the union's name?

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2. Are you a party to a contract? ( ) Yes ( ) No

3. Did you receive a letter at the time of your hire that set out the terms of your employment? If so, please attach a copy. ( ) Yes ( ) No

4. Did you receive an employee handbook or personnel manual when you were hired or at some time during your employment? ( ) Yes ( ) No

If you did not receive one, does the company use a manual or set of policies? How do you know?

\_\_\_\_\_

\_\_\_\_\_

5. Do you have copies of your performance evaluations? ( ) Yes ( ) No

What ratings have you received over the past five years? Please explain rating scale.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS ACTIVITY**

1. Have you filed a charge with the Equal Employment Opportunity Commission (EEOC) or the New York State Division of Human Rights? ( ) Yes ( ) No

If so, which organization did you contact? \_\_\_\_\_

When did you file the Charge? \_\_\_\_\_

Did you receive a right-to-sue letter? \_\_\_\_\_; if so, when? \_\_\_\_\_

2. Have you filed a lawsuit about this claim? ( ) Yes ( ) No

If so, please attach a copy of the complaint.

**DISCRIMINATION/HARASSMENT CLAIMS**

1. During what period of time were you subjected to harassment and/or discrimination?

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2. Who is/was harassing you and/or discriminating against you? (Include name(s) and job title(s)):

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3. What happened to you to prompt this complaint? (Be as specific as possible in describing the harassment/discrimination. Include names, dates, and locations. Try to describe the “who, what, when, where, why, and how” of the incident(s). Attach extra pages if necessary).

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4. What was your immediate reaction to the harassment/discrimination? Did you have any immediate physical reaction? If so, describe.

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5. Who was the first person you spoke to about the harassment/discrimination? What did you say?

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6. Did you ever protest this treatment? To whom? Under what circumstances? What actions were taken, if any?

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7. What were the reasons given to you for your treatment?

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8. Do you feel that the reasons given to you were false or insufficient? Why?

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9. What do you think is the real reason for the treatment? What evidence do you have to support your belief?

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10. Did anyone witness the incident(s) described above? If so, state the name of the individual who witnessed each incident.

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11. With whom have you discussed the incident(s)?

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12. Describe how you informed your spouse and/or family of the harassment/discrimination. Did you tell them immediately?

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13. How many of your co-workers do you believe knew about your situation? How did they find out?

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14. Have you previously been subjected to harassment or discrimination by the individual(s) identified in your response to question no. 2? If so, please describe each prior incident in detail. (Include names, dates, and locations. Try to describe the “who, what, when, where, why, and how” of the incident(s). Attach extra pages if necessary).

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15. Do you have written documentation (e.g., cards, letters, diaries, journals, or calendars) relevant to your complaint? If so, describe the document(s).

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16. Are you aware of other employees who have experienced harassment or discrimination by the person harassing or discriminating against you? If so, state the employee's name and the details of his or her experiences, if known to you.

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17. When/if you were discharged, did you sign a resignation letter, waiver, or release? If so, please attach a copy and describe the circumstances under which you signed.

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18. Do you believe the employer's actions violated its own procedures or policies? If so, explain.

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**INJURIES/DAMAGES**

1. Are you currently working? (\_\_\_\_\_) Yes (\_\_\_\_\_) No

2. If you are not working:

a. What is the last date that you worked? \_\_\_\_\_

b. Why did you stop working?

i. Medical Leave/Disability: \_\_\_\_\_

ii. Termination/Forced Resignation: \_\_\_\_\_

iii. Other: \_\_\_\_\_

3. If you are on disability:

a. Who is the medical provider who placed you on leave?

i. Name: \_\_\_\_\_

ii. Address: \_\_\_\_\_

iii. Phone: \_\_\_\_\_

b. Have you been prescribed any medication(s)? If so, list each medication and the date(s) it was prescribed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If no longer employed, what efforts have you made to obtain new employment? (Include the date of application; position and salary sought; and the results of the application. Begin with your most recent efforts).

a. \_\_\_\_\_

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b. \_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_

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5. How has this employment action affected your emotional health?

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a. In thinking about or talking about the harassment/discrimination, did you ever cry? How often?

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b. If applicable, describe how you feel (or felt) looking for other employment. Do you discuss your previous employment with prospective employers?

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c. Since the harassment/discrimination, how frequently do you think about it? How do you feel when you remember the incident(s)?

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d. How have your family members reacted to the incident?

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e. How have your personal friends reacted to the harassment/discrimination?  
Describe any effect this incident has had on your personal relationships.

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f. What are your present feelings about your dealings with your former employer?

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g. Have you undergone psychiatric or psychological treatment?  
( ) Yes ( ) No

i. Name: \_\_\_\_\_

ii. Address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_

i. Name: \_\_\_\_\_

ii. Address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_

i. Name: \_\_\_\_\_

ii. Address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_

h. Were you required to take any medication for emotional problems related to the incident? If so, please describe:

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6. Has this employment action affected your physical health?

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a. What was the nature of these problems?

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b. Did you consult a medical doctor? (\_\_\_\_) Yes (\_\_\_\_) No

i. Name: \_\_\_\_\_

ii. Address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_

i. Name: \_\_\_\_\_

ii. Address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_

i. Name: \_\_\_\_\_

ii. Address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_

c. Were you required to take medication? If so, please describe:

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7. Have you incurred any medical expenses as a result of the employment dispute which are not covered by insurance? If so, describe these expenses:

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8. What is your wage loss at the present time?

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9. What non-financial losses or injuries have you and your family suffered as a result of the employer's actions?

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10. Have you received all the salary, bonuses, vacation pay, commissions, and other compensation due you? If not, what is due?

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11. What other economic losses have you suffered in relation to the employment dispute (e.g., stock options, profit-sharing, lost and/or reduced wages, etc.)?

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Dated: \_\_\_\_\_

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Client Signature