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**EMPLOYMENT CASE INFORMATION**

Instructions: Please fill out this form as completely as possible. In order to evaluate your case, we must have complete responses to the questions. All information you provide is CONFIDENTIAL. After we have received your completed form, an attorney will review your case and determine whether this firm can represent you. We will contact you within one week of receiving your completed form to inform you of our decision or to request additional information. Please return your completed form immediately, as there may be important deadlines in your case. You may use the enclosed envelope, or you may FAX the form to us at (919) 688-9339. **Please do not attach any documents. If we need any additional information, we will contact you. THIS FIRM DOES NOT REPRESENT YOU AT THIS TIME.** If you need immediate legal assistance, you should contact another attorney.

Name:

Address:

City, State & Zip:

Home Telephone:

Work Telephone:

Cell Phone:

Date of Birth:

Employer:

Address:

City, State & Zip:

Your Job Title:

Your Supervisor:

Your Annual Salary or Hourly Wage:

Number of Employees: \_\_\_ fewer than 15    \_\_\_ 15-49    \_\_\_ 50-100    \_\_\_ more than 100

Have you been?    \_\_\_ Fired or Laid Off    Date:

\_\_\_ Demoted

\_\_\_ Denied Promotion

\_\_\_ Denied Job

\_\_\_ Harassed

\_\_\_ Other (please explain):

Briefly describe what happened to you:

What reason, if any, did your employer give for taking this action?

What do you think was the true reason your employer took this action?

Do you believe you have been discriminated against for any of the following reasons:

Race: (*mark X*)  Black  White  Hispanic  Asian  Other

Sex: (*mark X*)  Female  Male

Age: How old are you? \_\_\_\_\_

Disability: How are you disabled?

Pregnancy

Filing Worker's Compensation Claim

Injured on the job: When?

"Blowing the whistle" on improper activity

Other:

Have you filed a Charge of Discrimination with the EEOC or any other agency?  Yes

No

If yes, what is the date of your filing and agency?

Have you received a "Right to Sue" letter from the EEOC or any other agency?  Yes

No

If yes, what is the date on your Right to Sue letter?

What specifically makes you believe you were discriminated against?

Did anyone in the workplace make comments about race / sex / age / disability / etc.?

If so, who (*supervisor, co-worker, etc.*)?

What were the comments? (please use exact quotes if possible)

How long have you been employed with this employer?

Have you had any evaluations? \_\_Yes \_\_No

Were they generally good or bad?

Have you received any complaints or warnings about your work? \_\_Yes \_\_No  
If so, please describe:

Are you still working for this employer? \_\_Yes \_\_No  
If no, have you found another job? \_\_Yes \_\_No  
How much does it pay?

Harassment Cases. *If you have been harassed, please answer the following extra questions:*

Name of Harrasser:

Job Title:

Relationship to you (e.g., supervisor, co-worker, etc.)?

Please describe exactly what the person said or did to harass you (use exact quotes if possible):

Did you complain to anyone about the harassment? \_\_Yes \_\_No

To whom (name and job title)?

When?

What was their response?

Was any action taken against the Harasser? \_\_Yes \_\_No  
If "Yes", please describe:

Please provide the following additional information:

How did you hear about our firm?

Do you have another attorney representing you at the present time? \_\_Yes \_\_No  
If yes, who?

What would you like an attorney to do for you?