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**NON-GOVERNMENT EMPLOYEE'S  
INITIAL CONSULTATION QUESTIONNAIRE  
(CONFIDENTIAL)**

**PLEASE PRINT**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

City State Zip County

3. Home Phone ( ) \_\_\_\_\_; Work Phone: ( ) \_\_\_\_\_ ext \_\_\_\_\_;

Fax: ( ) \_\_\_\_\_; E-Mail : \_\_\_\_\_;

Cell Phone ( ) \_\_\_\_\_

4. Please provide the following information concerning your **current** employer/agency:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_  
\_\_\_\_\_

City State Zip County

c. Date of hire: \_\_\_\_\_

d. Your position: \_\_\_\_\_

e. Salary: \_\_\_\_\_ Grade / Step: \_\_\_\_\_ / \_\_\_\_\_

f. Immediate Supervisor: \_\_\_\_\_

Name

Title

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5. If your employment problem is with a **different** employer/agency than you described in answering #4, then please provide the following information about the employer/agency with whom you had the problem:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip	County
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c. Date of hire: \_\_\_\_\_

d. Your position: \_\_\_\_\_

e. Salary: \_\_\_\_\_ Grade / Step: \_\_\_\_\_ / \_\_\_\_\_

f. Immediate Supervisor: \_\_\_\_\_

Name	Title
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g. Date of termination or resignation: \_\_\_\_\_

**\*\*\*NOTE: All of the following questions concern the employer/agency with whom you had the employment problem**

6. How long were you (or have you been) employed by this employer/agency?  
\_\_\_\_\_

7. Specific date of hire: \_\_\_\_\_

8. Have you been (and date): a. Terminated? \_\_\_\_\_ Date notified: \_\_\_\_\_

b. Effective date of termination: \_\_\_\_\_

c. Demoted? \_\_\_\_\_

d. Denied promotion? \_\_\_\_\_

e. Not selected for a job you applied for? \_\_\_\_\_

f. Suspended? \_\_\_\_\_

g. Other? \_\_\_\_\_

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9. What was the stated reason(s) for the above action(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What is the name of the person who notified you of the adverse decision?  
\_\_\_\_\_
11. What is this person's position? \_\_\_\_\_
12. Who do you think really made the decision - the person who really wanted you terminated, disciplined, not promoted, etc.? (Also, identify that person's race, sex, age and national origin.) \_\_\_\_\_  
\_\_\_\_\_
13. What do you think is the biggest real reason for that person's decision? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. What is your age? \_\_\_\_\_ Date of birth? \_\_\_\_\_
15. If federal or DC employee, what is your service computation date?  
\_\_\_\_\_
16. Retirement System: CSRS \_\_\_; FERS \_\_\_; Other \_\_\_;  
If other, please list \_\_\_\_\_
17. What was your salary? \_\_\_\_\_
18. What was your job title (or what job were you seeking)? \_\_\_\_\_
19. How much, if any, severance pay were you given (in case of termination)? \_\_\_\_\_

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20. Have you signed a release, waiver, settlement or any other agreement? \_\_\_\_\_

21. What is the age, race, national origin & sex of your replacement? \_\_\_\_\_

\_\_\_\_\_

22. Have you found other employment? \_\_\_\_\_

a. Yes (if so, new salary) \_\_\_\_\_

b. No but expect to soon \_\_\_\_\_

c. No and do not expect to soon \_\_\_\_\_

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

a. Sex discrimination: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

b. Sexual harassment: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

If so, name, sex and job title of everyone who sexually harassed you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Age discrimination: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

If so, identify the age of the person(s) who discriminated against you?

\_\_\_\_\_

What is the age of your replacement or person promoted in your place, etc?

\_\_\_\_\_

d. Disability/handicap discrimination: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

If so, what is your disability? \_\_\_\_\_

Did the employer/agency know you had a disability? \_\_\_\_\_

e. Race/color discrimination: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

If so, identify your race/color, and the race/color of the person(s) who discriminated against you

\_\_\_\_\_

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What is the race/color of your replacement or person promoted in your place, etc?

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f. Religious discrimination: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

If so, identify your religion, and the religion of the person(s) who discriminated against you?

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g. National Origin discrimination: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

If "yes," what is your national origin and the national origin of the person(s) who discriminated against you? \_\_\_\_\_

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h. Reprisal/retaliation for engaging in protected EEO activity:

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

If "yes," describe your protected EEO activity \_\_\_\_\_

i. Any of the following: sexual preference; personal appearance; marital status; political affiliation; union membership; family obligations? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

Describe: \_\_\_\_\_

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j. Reprisal for whistleblowing: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

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If "yes," describe the matter you disclosed and to whom you made the disclosure

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If "yes," have you filed a complaint with the Office of Special Counsel? \_\_\_\_\_yes \_\_\_\_\_no  
When filed? \_\_\_\_\_

k. Denial of leave, or reprisal for taking leave, under the Family Medical Leave Act:  
\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

l. Fired for refusing to perform an illegal act: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

If so, what did you refuse to do? \_\_\_\_\_  
\_\_\_\_\_

m. Fired for filing a workers' compensation claim: \_\_\_\_\_

n. Reprisal for any legally protected activity such as filing a grievance or appeal, or working on behalf of a union: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

If "yes," please explain the "protected activity" if not already described in this questionnaire, the date of that activity, and why you think you are being retaliated against.

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o. Other (please specify): \_\_\_\_\_

24. a. Have you filed a complaint of discrimination with the EEOC?  
\_\_\_\_\_ yes \_\_\_\_\_ no If "yes," date filed: \_\_\_\_\_

b. Date of charge filed with any state or county agency: \_\_\_\_\_

c. What is the status of your complaint? \_\_\_\_\_

25. Date (if applicable) of Determination Letter from EEOC: \_\_\_\_\_

26. Are (were) you a member of a bargaining unit, in other words, is (was) your position covered by a union contract? \_\_\_\_\_yes \_\_\_\_\_no

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27. If your answer to #26 was yes, please answer questions a-f below. If you answered "No" to question #26, then skip down to question #28.

a. Name of Union: \_\_\_\_\_ Local # \_\_\_\_\_

b. Name of union president or steward: \_\_\_\_\_

c. Are you a union member? \_\_\_\_\_ yes \_\_\_\_\_ no

d. Do you have a copy of the union contract? \_\_\_\_\_ yes \_\_\_\_\_ no

e. Have you filed a grievance under the union contract concerning the matter you are here to see us about? \_\_\_\_\_ yes \_\_\_\_\_ no

f. What is the current status of that grievance? \_\_\_\_\_

28. Date of last performance appraisal: \_\_\_\_\_ Rating? \_\_\_\_\_

29. Date of last promotion: \_\_\_\_\_ Date of last within-grade increase: \_\_\_\_\_

30. Does your company have an employee or personnel handbook? \_\_\_\_\_ yes \_\_\_\_\_ no

31. Did you have an employment contract with this company? \_\_\_\_\_ yes \_\_\_\_\_ no

32. Briefly describe your main complaint that you want to discuss with a lawyer: \_\_\_\_\_

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33. Have you ever declared bankruptcy or are you planning to do so?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

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34. Have you consulted with any other attorneys concerning the matter you are here to see us about?  
\_\_\_\_\_ yes \_\_\_\_\_ no

If "yes", with whom have you consulted? \_\_\_\_\_  
\_\_\_\_\_

35. Are you currently represented in this matter by any other attorney? \_\_\_\_\_yes \_\_\_\_\_no

Name of current attorney: \_\_\_\_\_

Briefly describe why are seeking to obtain a new attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Who referred you to this law firm? \_\_\_\_\_

37. What do you want to accomplish through an attorney? \_\_\_\_\_

38. Are you aware of any kind of deadline with respect to your need for legal advice or representation? If so, please explain briefly. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand that I am here for an initial consultation only and that Passman & Kaplan, P.C, or any of its attorneys, has not undertaken to represent me until a written agreement is entered into by me and the firm.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



