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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
 - c. Date of hire: _____
 - d. Your position: _____
 - e. Salary: _____ Grade / Step: _____ / _____
 - f. Immediate Supervisor: _____
Name Title
 - 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? _____

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- f. Suspended? _____
- g. Other? _____
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? _____

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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

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

f. Religious discrimination: _____ yes _____ no _____ maybe

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

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? _____

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: _____

j. Reprisal for whistleblowing: _____ yes _____ no _____ maybe

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.

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

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: _____

