

ANTICOUNI & ASSOCIATES

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW



23 EAST DE LA GUERRA STREET
SANTA BARBARA, CA 93101
TELEPHONE (805) 962-0467 • FACSIMILE (805) 962-7501

PRACTICE LIMITED
TO EMPLOYMENT
LAW AND RELATED
LITIGATION

EMAIL
law@anticouni.com
WEBSITE
www.anticouni.com

INTAKE QUESTIONNAIRE

1. Referred by:
 - a. Attorney? Who:
 - b. Newspaper? Which one:
 - c. Internet? What Website:
 - d. Individual? Who:

A. PERSONAL INFORMATION

2. Name:
3. Home Address:
4. City: State: Zip Code:
5. Date of Birth:
6. Home Phone: Work Phone: Cell Phone:
7. Employer against whom you have a complaint:

Address:

Phone:
8. Date of Hire by employer against whom you have a complaint:

20. What reason(s) were given to you for your termination? *(If in writing, provide a copy)*

21. Nature of Complaint: (circle)

Sexual Harassment

Sex Discrimination

Racial Discrimination

Religious Discrimination

Pregnancy Discrimination

Age Discrimination

National Origin Discrimination

Wrongful Termination

Sexual Orientation

Family Medical Leave Act

Disability/Medical Discrimination *(Provide medical report outlining medical condition, limitations & job accommodations you believe were available)*

22. Name & position of employee(s) who discriminated against or harassed you?

23. Names and addresses of witnesses to the discrimination or harassment:

24. Other victims of discrimination or harassment?



25. Date harassment/discrimination against you began:
26. Date harassment/discrimination against you ended:
27. Date you first complained to management:
28. Was your complaint in writing? Yes No
29. If yes, do you have a copy? Yes No
30. To whom did you complain/job title & name:
31. What happened after you complained?
32. Were you ever been promised permanent employment by this employer? Yes No
 By whom? Job Title?
33. Are you currently employed? Yes No
34. When did you first become employed after your termination?
35. Present Employer:
36. Current Rate of Pay \$ Job Title:
37. Have you or do you plan to file bankruptcy? Yes No



38. Have you filed a charge with the Department of Fair Employment and Housing, Equal Employment Opportunity Commission, Department of Labor, or Labor Commissioner?

Yes No

39. If yes, which agency & date charge filed:

40. Have you received a "Right to Sue" letter from any agency? Yes No

41. If yes, date of letter and agency:

42. Have you filed a Workers Compensation case against this employer?

43. Do you have an attorney for that claim? Yes No Who?

44. Have you applied for Unemployment Benefits?

45. Have you previously consulted with another attorney concerning this matter? Yes No

46. If yes, with whom and when:

47. Do you know of any illegal action(s) your employer engaged in?

Yes No

48. Did you complain to anyone that you believed illegal activities were going on at work?

Yes No

49. If yes, when and to whom?

50. Do you have a written employment contract? Yes No

If yes, please provide a copy



51. Were you a member of any union while on the job? Yes No
52. Did you receive letters of commendation, accolades, awards, performance bonuses, or disciplinary notices, warnings, demotions? (If so, explain in detail)
53. Please give a brief statement explaining in detail the facts that form the basis for your complaint against your current/former employer (provide witness statements if available):

Thank you for contacting our office regarding your employment problem. We would like you to complete this intake questionnaire and return it to us in the enclosed envelope in order to assist us in evaluating your case.

By reviewing this Anticouni & Associates has not agreed to act as your attorneys. We are agreeing only to evaluate the facts presented to determine whether we can assist you.

I acknowledge and understand that Anticouni & Associates are not my legal counsel/ attorneys and have not undertaken representation at this point.

Date: _____

Signature: _____

Print Name _____

