

**GRIMES ■ TEICH ■ ANDERSON** LLP

--- Attorneys At Law ---

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**CONFIDENTIAL**  
**EMPLOYMENT QUESTIONNAIRE**

Please fill out this form as accurately and completely as possible. All information you provide is confidential. The information will be used to help determine whether or not Grimes Teich Anderson LLP will be able to represent you. Please return your form immediately because there may be important deadlines in your case. You may mail, fax, or hand-deliver the form to our Asheville office. **This firm does not represent you at this time.** No agreement to represent you can be made until after an initial consultation.

**Deadlines you face:** \_\_\_\_\_

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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

Your Job Title: \_\_\_\_\_ Your Supervisor: \_\_\_\_\_

Your salary or hourly wage: \_\_\_\_\_

Is there an employment contract?    Yes ( )    No ( )

Have you had any evaluations? Yes ( ) No ( )

If so, were they generally good or bad? \_\_\_\_\_

Have you received any warnings or complaints about your work? Yes ( ) No ( )

If so, please describe: \_\_\_\_\_

Are you contacting us about any of the following? (check all that might apply)

- Termination or Lay Off
- Demotion
- Failure to Promote
- Denied a Job
- Harassment
- Denial of wages (e.g., overtime, commissions, bonuses)
- Violation of your employer's policies and procedures (e.g., employee handbook)
- Family and Medical Leave Act (FMLA) violation
- Breach of an employment contract
- Non-Compete Agreement or Confidentiality Agreement
- Severance Agreement

Date this occurred or will occur? \_\_\_\_\_

Please describe the nature of your problem or complaint? \_\_\_\_\_

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

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

\_\_\_\_\_

Why do you believe your employer took this action? \_\_\_\_\_

\_\_\_\_\_

Do you believe you have been discriminated against for any off the following reasons?

- Race: (circle one) Black White Hispanic Asian Other \_\_\_\_\_
- Age: how old are you? \_\_\_\_\_
- Sex: (circle one) Female Male
- Disability: what is your disability? \_\_\_\_\_
- National Origin/Ancestry
- Sexual Orientation
- Religion
- Pregnancy
- Workers' Compensation Claim
- Illness/Injury
- Refusing to Perform an Illegal Act
- "Blowing the whistle" on improper activity
- Other: \_\_\_\_\_

Please explain what makes you believe you were discriminated against? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone in the workplace made comments about any of categories for which you believe you have been discriminated against such as race/sex/disability/age? Yes ( ) No ( )  
If yes, who? \_\_\_\_\_  
What did they say? \_\_\_\_\_  
\_\_\_\_\_

Have you filed a Charge of Discrimination with the Equal Employment Opportunity Commission (EEOC), the North Carolina Department of Labor (NCDOL), or any other agency? Yes ( ) No ( )

Have you received a "Right to Sue" from the EEOC or any other agency?  
Yes ( ) No ( )  
If yes, what is the date on your Right to Sue Letter? \_\_\_\_\_

Did you sign a resignation letter, waiver, or release? If so, explain \_\_\_\_\_

Have you received all the salary, bonuses, vacation pay, commissions, or other compensation due to you? Yes ( ) No ( )  
If no, what is due? \_\_\_\_\_

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

Are you still working for this employer?  
Yes ( ) No ( )

If no, have you found another job?  
Yes ( ) No ( )  
Date of employment and rate of pay or salary: \_\_\_\_\_

How did you hear about Grimes Teich Anderson? \_\_\_\_\_

Do you have another attorney representing you at this time?  
Yes ( ) No ( )

What do you hope to accomplish by seeking an attorney? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Questions for Harassment Cases:**

Name of harasser \_\_\_\_\_

Job title of harasser \_\_\_\_\_

Relationship of harasser to you \_\_\_\_\_

Please describe what happened \_\_\_\_\_

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Did you complain to anyone about the harassment?

Yes ( ) No ( )

To whom did you complain? \_\_\_\_\_

When did you complain? \_\_\_\_\_

Was any action taken against the harasser?

Yes ( ) No ( )

If yes, please describe: \_\_\_\_\_

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