



## Bryant Whitten, LLP - New Client Questionnaire

(Incomplete intake questionnaires will not be considered)

1. Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_
2. Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
5. Employer - Present: \_\_\_\_\_ Employer - Previous: \_\_\_\_\_
6. Who referred you? \_\_\_\_\_ Do you have a Facebook/MySpace Acct.? Yes  No
7. Nature of Complaint:

Sexual Harassment	<input type="checkbox"/>	Whistleblower	<input type="checkbox"/>	National Origin	
Disability Discrimination	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Discrimination	<input type="checkbox"/>
Racial Discrimination/ Harassment	<input type="checkbox"/>	Wrongful Termination	<input type="checkbox"/>	Family Medical Leave Act	<input type="checkbox"/>
Religious Discrimination	<input type="checkbox"/>	Refusal to do Illegal Act	<input type="checkbox"/>	Wage & Hour	<input type="checkbox"/>
Pregnancy Discrimination	<input type="checkbox"/>	Cancer Discrimination	<input type="checkbox"/>	Age Discrimination	<input type="checkbox"/>
				Defamation	<input type="checkbox"/>
8. Against what employer do you wish to complain?: \_\_\_\_\_
9. Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_ Salary or Wage: \_\_\_\_\_
10. Occupation: \_\_\_\_\_
11. Why were you terminated? \_\_\_\_\_
12. Have you, or do you plan to file bankruptcy? Yes  No
13. Have you filed a charge with the Department of Fair Employment and Housing, Equal Employment Opportunity Commission, U.S. Department of Labor, or California Labor Commission? If so, please attach a copy of your charge to this intake questionnaire.  
Yes  No  Agency: \_\_\_\_\_
14. Have you received a "Right-to-Sue" letter from any agency? If so, please attach a copy of your charge to this intake questionnaire.  
Yes  No  Agency: \_\_\_\_\_
15. Have you filed a Work's Compensation claim against this employer? Yes  No
16. Have you applied for Unemployment Benefits? Yes  No
17. Have you applied for Disability Benefits? Yes  No
18. Describe what you would like to happen to resolve your issue (your preferred outcome)

Please save this form to your computer and email it to [iclerk@bwlaw.com](mailto:iclerk@bwlaw.com).

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Please visit [www.workplacefairness.org](http://www.workplacefairness.org) for employee rights information

Please give a brief statement of the facts:

Thank you for contacting our office regarding your employment problem. Submission of this questionnaire does not mean that the Bryant Whitten, LLP attorneys have agreed to act as your attorneys. We are simply evaluating the facts presented by you to determine whether we can assist. During the review process, the Bryant Whitten, LP attorneys are not responsible for statutes of limitation. There is no charge for reviewing this form.

I acknowledge and understand that the Bryant Whitten, LLP are not my attorneys and have not undertaken representation at this point.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature