EMPLOYMENT INTAKE QUESTIONNAIRE

(CONFIDENTIAL)

Print this form and submit to to Alene Anderson by mail or by facsimile (206-781-7014).

Employer's Name: Employer's Address:			Date:
Your Name		Address: Home:	
Telephone:	Home: Other (cell or work):	Best times when you can be reached by phone:	
Birthdate:			
Job Title.:			
Dates of Employment:		Immediate Supervisor:	
Briefly describe	your job duties:		
State who you b	pelieve is responsible for th	ne employment issues that you are co	ncerned about:

DESCRIBE YOUR EMPLOYMENT ISSUE IN THE APPROPRIATE SPACE BELOW.

1.	If you experienced unlawful discriminated in employment, briefly describe the basis of the discrimination (sex, age, religion, race, sexual orientation, etc.), what adverse employment actions were taken against you, and when they occurred.
2.	If you experienced retaliation for reporting or disclosing unlawful discrimination, describe the discrimination that you disclosed, to whom you made the report or disclosure and the date, the retaliatory action(s) taken against you as a result, the dates the retaliatory action(s) occurred, and who took the retaliatory action(s).
3.	If you are a whistleblower, briefly explain below specifically what you disclosed, to whom you made the disclosure, when you made the disclosure, what retaliatory actions have been taken against you for making the disclosure, and the date(s) of each retaliatory action.

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4.	If you have a contract dispute with your employer or union, or have any other employment issue that needs to be addressed, briefly describe the issue below.
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	Please be prepared to furnish copies of all documents relating to the employment issue you have described.
Desc	cribe what you believe damage(s) you suffered as a result of your employer's actions:
If you have made or filed any formal or informal complaints regarding the issues identified above, provide a description of the complaint, when it was made, to whom it was made, where it was made, and the current status of your complaint.	