

DISCRIMINATION QUESTIONNAIRE

NAME: _____

SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Telephone Number: _____

Cell-phone: _____ Home: _____

Email Address: _____

Marital Status: _____ Spouse's Name: _____

Do you authorize us to discuss your case with your spouse? _____

(Please be aware that the presence of anyone other than the client in meetings or telephone calls with the attorney may break the attorney-client privilege and may have to be disclosed in litigation.)

Person who can be contacted in the event you cannot be reached:

Name: _____

Phone Number: _____

Email: _____

How did you hear about Anthony J. Peraica & Associates, Ltd.:

Identifying Characteristics:

Gender: _____

Race: _____

National Origin: _____

EMPLOYMENT

Name of Employer: _____

If a different name appears on your paycheck, state name of employer as reflected on paycheck: _____

Address of Employer: _____

If you are employed at several locations, state all addresses at which you are employed: _____

Date of Hire: _____

Job Description: _____

Name of Supervisor: _____

Job Title of Supervisor: _____

Other Positions Held At Employer and dates: _____

Date of Termination: _____

Reason(s) Given By Employer For Termination: _____

Who was present at time of your termination: _____

Discipline Prior to Termination (who, for what, and when): _____

Date Discrimination Began and Ended? _____

Did you file a complaint with the Illinois Department of Human Rights? _____

Did you file a complaint with the EEOC? _____

Did you notify Human Resources or another supervisor of the discrimination? If so, who? _____

If discrimination occurred at a place other than your employer, please state with specificity where it occurred, date of occurrence and what happened: _____

With regard to the type of discrimination you have alleged to have occurred, please answer the following questions:

Gender Discrimination Claim

1. In what way were you discriminated against because of your gender?
2. What specific comments were said or directed towards you? Who said them? When were they said (need date, time, location)? Was anyone else present? Did you report this to your supervisor and, if so, how and when?
3. How were you treated differently than other employees? Please provide the names of the employees who were treated better—state the employee’s name, gender, how he/she received better treatment, and employee’s job position/title.

4. Did you report the gender discrimination to anyone other than the IDHR/EEOC? If so, who, when, how was it reported, and what happened?
5. Do you have (or are you aware of) any documents, emails, text messages or other items in which the above events are documented?

National Origin Discrimination Claim

1. In what way were you discriminated against because of your national origin?
2. Your EEOC claim states that you are _____, where were you born? If born in the USA, please state country of ancestry.
3. What specific comments were said or directed towards your ethnic background? Who said them? When were they said? Was anyone else present? Did you report this to your supervisor and, if so, how and when?
4. How were you treated differently than individuals not of the same ethnicity? Please provide the names of the employees who were treated better—state the employee's name, Race, Country of Origin if known, how he/she received better treatment, and employee's job position/title.
5. Did you report the discrimination direct to you as a _____ individual to anyone other than the EEOC? If so, who, when, how was it reported, and what happened?

Race Discrimination Claim

1. In what way were you discriminated against because of your race?
2. What specific comments were said or directed towards your race? Who said them? When were they said? Was anyone else present? Did you report this to your supervisor and, if so, how and when?
3. How were you treated differently than individuals of other races? Please provide the names of the employees who were treated better—state the employee's name, Race, Country of Origin if known, how he/she received better treatment, and employee's job position/title.
4. Did you report the discrimination direct to you as a _____ individual to anyone other than the EEOC? If so, who, when, how was it reported, and what happened?

Age Discrimination Claim

1. In what way were you discriminated against because of your age?
2. Your EEOC claim states that you are __ years old. Who knew you were over the age of 40? How did they know?

3. What specific comments were said or directed to you regarding your age? Who said them? When were they said? Was anyone else present? Did you report this to your supervisor and, if so, how and when?
4. How were you treated differently than employees younger than 40? Please provide the names of the employees who were treated better—state the employee's name, approximate age, how he/she received better treatment, and employee's job position/title. Did any of the younger employees hold the same position as you did?
5. Did you report the discrimination direct to you being over 40 to anyone other than the EEOC? If so, who, when, how was it reported, and what happened?

Disability Discrimination Claim

1. What is your disability? A medical condition (i.e. high blood pressure, anxiety, iron deficiency, diabetes, etc.) does not in and of itself make you disabled. You must be able to provide documentation showing limitation on your ability to work and function because of a medical condition.
2. When were you diagnosed with this disability? What doctor diagnosed you?
3. How are you limited by the disability?
4. Do you have any medical documents showing how you are limited in performing the requirements of your job?
5. Who did you notify about your disability? When?
6. Did you fill out any documents for your employer about your disability?
7. Did you have any meetings with the HR Department to discuss how your employer can accommodate your disability?
8. Did you ask for any specific accommodations (i.e. flexible work schedule, transfer to different position, more comfortable desk/chair, etc.)? What accommodations did you ask for? Who did you speak with about the accommodations? What was the response?
9. Did you provide the light duty note to your employer? If so, to whom? Where you required to fill out any other paperwork? Did you request sick time? FMLA? Or Disability Leave?
10. Is your disability a result of a work related injury/worker's compensation claim?
11. Did you apply for Social Security benefits? If so, where are you in the process?