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**CASE EVALUATION FORM FOR DISCRIMINATION/HARASSMENT CASES**

Please be assured that this form will be kept completely confidential by our firm and will only be used to evaluate your case. Please keep in mind that by completing this form, we do not become your attorneys. We are not your attorneys until we have a fully executed retainer agreement between us. It is very important that you complete this form truthfully, accurately and completely so that we may fully assess your case. Not all questions may apply to you. Only answer the questions that do.

Date: \_\_\_\_\_

**BACKGROUND INFORMATION:**

Name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Home telephone no.: \_\_\_\_\_

Work telephone no.: \_\_\_\_\_

Cell telephone no.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Person to contact if you cannot be reached or if you move:

Name: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Have you filed a complaint with the U.S. Equal Employment Opportunity Commission (EEOC) or the California Department of Fair Employment and Housing (DFEH): Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which agency and what date: \_\_\_\_\_

Did you receive anything in writing from the EEOC or DFEH notifying you that you can file a lawsuit? If so, when : \_\_\_\_\_

Have you talked to any other attorney concerning your case: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who: \_\_\_\_\_

**INFORMATION ABOUT THE COMPANY / ENTITY / ORGANIZATION / PERSON YOU ARE COMPLAINING AGAINST:**

Name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Number of employees:

at job site \_\_\_\_\_ company-wide \_\_\_\_\_

Name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Number of employees:

at job site \_\_\_\_\_ company-wide \_\_\_\_\_

Name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Number of employees:

at job site \_\_\_\_\_ company-wide \_\_\_\_\_

Name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Number of employees:

at job site \_\_\_\_\_ company-wide \_\_\_\_\_

DISCRIMINATION / HARASSMENT INFORMATION: (please circle or highlight)

I was a victim of:

discrimination

harassment

Because of:

race

color

ancestry

national origin

sex

pregnancy

religion

marital status

medical condition

disability (incl. AIDS)

age (40 and over)

denial of family care leave

other (please describe in detail)

Circle or mark the discriminatory / harassment treatment and indicate the month & year it occurred:

termination/laid off: \_\_\_\_\_

not hired: \_\_\_\_\_

denied promotion: \_\_\_\_\_

denied accommodation: \_\_\_\_\_

Denied equal pay: \_\_\_\_\_

retaliation: \_\_\_\_\_

denied leave (pregnancy/family care leave): \_\_\_\_\_

other: \_\_\_\_\_

PLEASE EXPLAIN WHY YOU BELIEVE THE UNFAIR TREATMENT WAS DISCRIMINATION / HARASSMENT? (If others were treated better than you, give names, addresses and examples. Details and dates are important so please indicate if possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(continue on back if necessary)

WITNESS INFORMATION: (List the names, addresses, job titles and telephone numbers (if possible) of witnesses, co-workers, or others you feel could provide evidence. Explain what you think each witness will be able to tell us.)

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Complete address: \_\_\_\_\_

Home telephone no.: \_\_\_\_\_

Work telephone no.: \_\_\_\_\_

Are they still employed there: \_\_\_\_\_

Witness can provide information regarding:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Complete address: \_\_\_\_\_

Home telephone no.: \_\_\_\_\_

Work telephone no.: \_\_\_\_\_

Are they still employed there: \_\_\_\_\_

Witness can provide information regarding:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Complete address: \_\_\_\_\_

Home telephone no.: \_\_\_\_\_

Work telephone no.: \_\_\_\_\_

Are they still employed there: \_\_\_\_\_

Witness can provide information regarding (ex. what they saw or heard):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continue on back if necessary)

REPORTS:

Did you report the discrimination / harassment to anyone in your company? \_\_\_\_\_

If so, who did you report it to? \_\_\_\_\_

What is their position? \_\_\_\_\_

Are they still employed there? \_\_\_\_\_

Was a written document or any other record made of your report? If yes, what: \_\_\_\_\_

Please complete the witness section directly above for each name you have mentioned.

EMPLOYMENT DATA:

Date hired or applied for job (if you were a job applicant): \_\_\_\_\_

Job title at the time of the discrimination / harassment / unlawful act: \_\_\_\_\_

Salary at the time of the discrimination / harassment / unlawful act: \_\_\_\_\_

Name and title of immediate supervisor or interviewer (if you were a job applicant): \_\_\_\_\_

If your employment was terminated,

when were you fired: \_\_\_\_\_

what reason, if any, was given to you: \_\_\_\_\_

who replaced you: \_\_\_\_\_

what was your initial salary: \_\_\_\_\_

what was your initial job title: \_\_\_\_\_

what was your final salary: \_\_\_\_\_

did you ever receive a promotion: \_\_\_\_\_

did you ever receive a bonus or raise: \_\_\_\_\_

were you given any performance evaluations or warnings: \_\_\_\_\_

were any of these performance evaluations negative? If so, how many: \_\_\_\_\_

how long in months or years did you work for your employer: \_\_\_\_\_

If you were not hired,

how did you know about the job and/or salary: \_\_\_\_\_

did you apply by written application or verbally: \_\_\_\_\_

to whom did you submit your application: \_\_\_\_\_

what was the date you submitted your application: \_\_\_\_\_

how did you find out you had been refused: \_\_\_\_\_

what was the date you found out you had been refused: \_\_\_\_\_

who got the job, salary, etc.: \_\_\_\_\_

what reason, if any, was given to you: \_\_\_\_\_

If you are not terminated but think you will be fired soon,

when do you think you will be fired: \_\_\_\_\_

what reason, if any, do you think will be given to you: \_\_\_\_\_

when were you hired: \_\_\_\_\_

who will replace you: \_\_\_\_\_

what was your initial salary: \_\_\_\_\_

what was your initial job title: \_\_\_\_\_

have you ever receive a promotion: \_\_\_\_\_

have you ever receive a bonus or raise: \_\_\_\_\_

were you given any performance evaluations or warnings: \_\_\_\_\_

were any of these performance evaluations negative? If so, how many: \_\_\_\_\_

how long in months or years have you worked for your employer: \_\_\_\_\_

If you quit,

when did you quit: \_\_\_\_\_

what reason, if any, did you give to your employer: \_\_\_\_\_

who replaced you: \_\_\_\_\_

what was your initial salary: \_\_\_\_\_

what was your initial job title: \_\_\_\_\_

what was your final salary: \_\_\_\_\_

did you ever receive a promotion: \_\_\_\_\_

did you ever receive a bonus or raise: \_\_\_\_\_

were you given any performance evaluations or warnings: \_\_\_\_\_

were any of these performance evaluations negative? If so, how many: \_\_\_\_\_

how long in months or years did you work for your employer: \_\_\_\_\_

Does this employer have insurance that will likely cover your allegations, if known. If so, what: \_\_\_\_\_

Have you filed for workers' compensation: Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER'S POSITION:

What do you think your employer will say about your allegations:

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

DAMAGES:

What damages have you suffered as a result of this discrimination / harassment / unlawful act (ex. lost wages, damage to reputation, loss of health benefits, loss of retirement benefits, medical problems, family problems, etc.):

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

If you have seen a doctor, please complete the following:

Doctor's name \_\_\_\_\_

Specialty: \_\_\_\_\_

Doctor's complete address: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

Doctor's name \_\_\_\_\_

Specialty: \_\_\_\_\_

Doctor's complete address: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

If you were either terminated or not hired, are you presently employed? \_\_\_\_\_

If yes, what is the name and complete address of your present employer:

\_\_\_\_\_

If yes, how long have you been employed there, giving the exact dates: \_\_\_\_\_

If yes, what is your current salary: \_\_\_\_\_

If you are not working, what efforts have you taken to find employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER QUESTIONS:

Are you a member of a union: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed a lawsuit before: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed for bankruptcy: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed for workers' compensation: Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE MENTION ANYTHING ELSE YOU MAY WANT US TO CONSIDER (One page or less):