



SPEARMAN
Law, LLC

**SPEARMAN LAW, LLC
150 S. WACKER DR, 24TH FLOOR
CHICAGO, IL 60606**

**Attorney Kendra D. Spearman
Kendra@spearmanlaw.com**

PHONE: 312-788-2602

Employment Discrimination Intake Form

Full Legal Name:

Gender:

Date of Birth:

Race/Nationality:

Religion:

Address:

Home Telephone Number:

Work Telephone Number:

E-mail Address:

Former Name(s):

Marital Status:

Children

Name	Date of Birth	Living at Home?

Employer at Time of Discrimination or Harassment:

Job Position/Title at Time of Discrimination or Harassment:

Employer's Address:

Length of Time with Employer:

Date of Hire:

If Terminated, Date of Termination:

What was the explanation given for your termination?

Previous Employer(s) (for last 10 years)

Gross Monthly Income at Time of Termination:

Other Income at Time of Termination:

Benefits Provided by Employer:

Date(s) of Harassment or Discrimination:

Description of Harassing or Discriminatory Actions Taken Against You:

Was anyone else treated similarly?

If Yes, who? Please include race and gender:

Who harassed you or discriminated against you?

What is that person's job title or description?

Is he or she considered to be your supervisor?

Was anyone else present at the time of the discriminatory or harassing act?

Who was your immediate supervisor at the time?

Did you report the harassment or discrimination to anyone?

If Yes, to whom?

What was their response?

Was a written report made?

If Yes, do you have a copy of it?

Were you ever given an employee handbook?

Do you have a copy of it?

If Yes, does it contain an anti-harassment or anti-discrimination policy?

Have you ever seen a copy of an anti-harassment or anti-discrimination policy in your workplace? If Yes, explain:

Since the harassment or discrimination, have you spoken or had any contact with the person who harassed you or discriminated against you?

If Yes, explain:

Have you ever been disciplined by your employer, for any reason? If Yes, explain:

Have you ever been harassed or discriminated against in other employment? If Yes, explain:

Was a lawsuit filed?

If Yes, what was the outcome?

If you were terminated or left your employment, have you found a new job?

Name of Present Employer:

Address of Present Employer:

Current Immediate Supervisor:

Current Job Position/Title:

Current Gross Monthly Income:

Benefits Provided by Current Employer:

Have you ever been told that you have a physical or mental disability? If Yes, explain:

Other Important Information:

DISCLAIMER: The information contained and requested on these pages is intended to provide general information only. Completing this Intake Form does not create an attorney-client relationship. Please contact our office with questions.