

Client Info Sheet (Employment)

1. Name	2. SSN	3. DOB
4. Telephone Number(s)		
5. Email:		
6. Home Address	7. Are you a Federal Employee?	
8. Name of Employer	9. Work Telephone Number	
10. Work Address	11. Employer's Address	
12. Job Title	13. Pay Plan/Series/Grade/Salary	
14. Reason you believe you were discriminated against: <ul style="list-style-type: none"> <input type="checkbox"/> Race _____ <input type="checkbox"/> Color _____ <input type="checkbox"/> Disability _____ <input type="checkbox"/> Religion _____ <input type="checkbox"/> Sex _____ <input type="checkbox"/> National Origin _____ <input type="checkbox"/> Reprisal _____ <input type="checkbox"/> Age _____ <input type="checkbox"/> Harassment (Sexual or Non-sexual) _____ 		
15. Contract violation: <ul style="list-style-type: none"> <input type="checkbox"/> Employment Contract <input type="checkbox"/> Employee Handbook <input type="checkbox"/> Employee Manual <input type="checkbox"/> Employment Letter <input type="checkbox"/> Statements During Interview 	16. Other Employment Cause of Actions: <ul style="list-style-type: none"> -Wrongful Termination <ul style="list-style-type: none"> <input type="checkbox"/> I filed a Worker's Comp Claim <input type="checkbox"/> Family and Medical Leave Act Violation <input type="checkbox"/> Reported Illegal/Criminal Activity <input type="checkbox"/> other public policy grounds - Violation of Privacy - Intentional Infliction of Emotional Distress 	
17. Employment Action <ul style="list-style-type: none"> <input type="checkbox"/> Termination <input type="checkbox"/> Suspension <input type="checkbox"/> Leave <input type="checkbox"/> Performance Evaluation <input type="checkbox"/> Non-Selection <input type="checkbox"/> Promotion <input type="checkbox"/> Other disciplinary or corrective action <input type="checkbox"/> Detail, transfer, or reassignment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Restoration <input type="checkbox"/> Reemployment; <input type="checkbox"/> Pay <input type="checkbox"/> Benefits <input type="checkbox"/> Awards <input type="checkbox"/> Education or training (expected to lead to an appointment, promotion, performance evaluation, or other personnel action) <input type="checkbox"/> Any other significant change (in duties, responsibilities, or working conditions) 	<u>Dates</u>	

<input type="checkbox"/> Terms and Conditions of employment (micromanagement, scrutinizing, alienation, etc.)		
18. Where did the violation take place?		
19. Responsible Management Officials:		
20. What relief are you seeking to resolve this complaint? <ul style="list-style-type: none"> <input type="checkbox"/> Reinstatement (I want my job back) <input type="checkbox"/> I want a promotion <input type="checkbox"/> I want a similar position <input type="checkbox"/> Change supervisor <input type="checkbox"/> Leave Restoration <input type="checkbox"/> Schedule Change <input type="checkbox"/> Back Pay <input type="checkbox"/> Front Pay <input type="checkbox"/> Compensatory Damages <input type="checkbox"/> Punitive Damages <input type="checkbox"/> Favorable Reference Letters <input type="checkbox"/> An apology <input type="checkbox"/> Other: 		
21. Have the issues in block 17 been <ul style="list-style-type: none"> <input type="checkbox"/> appealed to the MSPB <input type="checkbox"/> filed under a union Negotiated Grievance Procedure 	22. Date filed:	23. MSPB or Union Docket Number (if known)
24. List the names of witnesses and their contact information. What information can they contribute?		
25. Who may we thank for referring you?		