

# The Law Offices of Morris Nazarian

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## CONFIDENTIAL DISCRIMINATION QUESTIONNAIRE

In order for us to evaluate your issues, please print this form out and fax it to Alvaro Rubalcaba at 310-556-2308.

Your Name \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

How many employees work for the Employer: \_\_\_\_\_

Did you have a contract with the Employer? YES NO

Did it say the employee is at-will, or does it require a reason or a process for termination?  
\_\_\_\_\_  
\_\_\_\_\_

**Do you believe that the Employer treated you differently from other employees because of any of the following:** (circle all that apply)

**Age discrimination:** YES NO

*If so, how old are you:* \_\_\_\_\_

*Were you replaced by anyone younger than 40:* YES NO

**Sex discrimination:** YES NO

**Race or national origin discrimination:** YES NO

*If so, what is your race or national origin:* \_\_\_\_\_

**Pregnancy discrimination:** YES NO

*If so, did the company know you were pregnant?* YES NO

*Did you request any accommodations from the employer?* YES NO

**Disability discrimination:** YES NO

*If so, what is your disability?* \_\_\_\_\_

Did the company know you had a disability? YES NO  
How did the disability affect your ability to do your job? \_\_\_\_\_

Did you request any accommodations from the employer? YES NO  
How did the employer respond? \_\_\_\_\_

Were you fired related to serious medical condition of you or family member? (Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you fired for filing workers' compensation claim: YES NO

**On what date did the discrimination occur?** \_\_\_\_\_  
*If over a period of time, approximately when was the first event, and when was the most recent?*  
\_\_\_\_\_

**Do you have any documentation relating to the discrimination?** YES NO

*What is the documentation?* \_\_\_\_\_

*Was it shared with the employee?* YES NO

*Do you have copies of it?* YES NO

**Did anybody witness the discrimination?** YES NO

*Provide the name of the person who witnessed the discrimination?* \_\_\_\_\_

**What are the reasons that you believe you were discriminated or retaliated against:**

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

**Have you reported the discrimination to your employer or supervisor?** YES NO

*To whom* \_\_\_\_\_

*When* \_\_\_\_\_

**Was any action taken by your employer, or by anyone in a position of authority?** YES NO

**Have you ever been given a performance evaluation?** YES NO

*If yes, how well were you evaluated?* \_\_\_\_\_

*When was the last evaluation?* \_\_\_\_\_

*Do you have copies?* YES NO

**Did anyone ever criticize employee's work before this situation arose?** YES NO

\_\_\_\_\_

**Have you suffered any financial loss (Loss of job, loss of benefits, demotion, lack of promotion, medical bills, etc.)** YES NO

*If so, approximately how much?* \_\_\_\_\_

**Do you still work for the Employer?** YES NO

*If no, why did you leave:* \_\_\_\_\_  
\_\_\_\_\_

**Were you paid overtime payment of time and a half your regular wage for hours worked in excess of 8 hours in a day and 40 a week?** YES NO

**Did your employer allow you to take a 30 minute lunch break?** YES NO

**Did your employer permit you to take two 10 minute rest breaks in the day?** YES NO

**Please provide any additional information about yourself or the case which would help the attorney understand your potential case or explain your answers to the above questions.**

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**General Disclaimer**

I understand that the submission of this form does not create any obligation for me or for any attorney at The Law Offices of Morris Nazarian. I further understand that submission of this form does not create an attorney-client relationship and that the lawyer is not obliged to schedule a consultation with me. I understand and agree that The Law Offices of Morris Nazarian will have no duty to keep confidential the information that I am transmitting to the law firm through this questionnaire.

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