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CONFIDENTIAL HARASSMENT 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 _____

Nature of Business: _____

How long have you worked for this employer? _____

Did the harassment occur at work? YES NO

Was the harasser your boss or supervisor? YES NO

If not, what was the relationship of the harasser to you? _____

On what date did the harassment 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 harassment? 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 harassment? YES NO

Provide the name of the person who witnessed the harassment? _____

Briefly describe what occurred.

Have you reported the harassment to anyone? YES NO

To whom? _____

When? _____

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

Have any other people been harassed, or might have been harassed? YES NO

Were they of the same gender, and sexual orientation, as yourself? YES NO

In addition to your emotional damages, have you suffered any financial loss? (Loss of job, demotion, lack of promotion, medical bills, etc.)? YES NO

Have you sought any treatment? (Doctor, therapist, counselor, etc.)? YES NO

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.

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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