

INITIAL EMPLOYMENT/DISCRIMINATION
CASE INQUIRY FORM

All information submitted on this form will remain confidential.

Please complete and mail this form to: The DeBrotta Law Firm, LLC, 715 E. 107th Street, Indianapolis,
Indiana 46280 or fax this form to 888-273-1326.

NAME: _____

GENDER: MALE _____ FEMALE _____ AGE _____

ADDRESS, CITY, STATE, ZIP: _____

TELEPHONE NUMBERS (WITH AREA CODE): HOME _____

WORK _____ CELL _____

E-MAIL ADDRESS _____

HOW DID YOU HEAR ABOUT OUR FIRM? _____ Referral (by _____)
_____ Internet _____ Telephone Book _____ Other (please specify _____)

EMPLOYER OR COMPANY ABOUT WHICH YOU ARE COMPLAINING: _____

HOW MANY TOTAL EMPLOYEES DOES THE EMPLOYER HAVE? _____

HAVE YOU BEEN (1) **Terminated** (if so, when?), (2) **Suspended**, (3) **Demoted**, (4) **Denied a Pay Raise**,
(5) **Denied Overtime or other Pay**, (6) **Denied a Promotion**, (7) **Denied Medical Leave**, (8) **Denied**
Employment? (CIRCLE ALL THAT APPLY). If none of these apply, what has happened that caused you to
seek legal advice? _____

ARE THERE OTHER PEOPLE IN A SITUATION SIMILAR TO YOURS? _____

DO YOU BELIEVE YOUR EMPLOYER OR ANOTHER COMPANY HAS TREATED OR TREATS
YOU DIFFERENTLY BECAUSE OF (CIRCLE ALL THAT APPLY):

- (1) **Your age (40 or older);**
- (2) **Your race;**
- (3) **Your religion;**
- (4) **Your national origin or ethnicity;**
- (5) **Your gender;**
- (6) **Your disability or perception of disability;**
- (7) **A worker compensation claim you filed;**
- (8) **Illegal activity you opposed, reported or in which you refused to participate;**
- (9) **An action you took to protect your legal rights or comply with a legal obligation.**

WHY DO YOU HAVE THIS BELIEF? _____

HAVE YOU BEEN, OR ARE YOU CURRENTLY BEING, HARASSED AT WORK? _____
IF YES, LIST WHO IS HARASSING YOU AND WHAT IS HIS/HER JOB TITLE AND INDICATE IF
THAT PERSON HAS ANY SUPERVISORY AUTHORITY OVER YOU. _____

WHAT ACTIONS AND STATEMENTS HAS THE HARASSER(S) MADE, WHEN DID THEY OCCUR,
AND HOW FREQUENTLY DID THEY OCCUR? _____

DID ANYONE ELSE HEAR OR EXPERIENCE THE SAME HARASSMENT? _____

DID YOU REPORT THIS HARASSMENT TO ANYONE? _____

IF YES, LIST WHO YOU REPORTED IT TO (NAME AND TITLE) AND WHEN YOU REPORTED
IT. _____

DOES THE EMPLOYER OWE YOU ANY PAY FOR HOURS WORKED, ACCRUED VACATION
TIME, UNPAID BONUS OR COMMISSION, OVERTIME OR OTHER WAGES? _____ IF YES,
PLEASE EXPLAIN _____

IS ANYONE ELSE IN A SITUATION SIMILAR TO YOURS? _____

HAVE YOU EVER DECLARED BANKRUPTCY? _____ IF SO, WHEN WAS IT FILED AND
DISCHARGED? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF SO, PLEASE SPECIFY THE
OFFENSE AND DATE OF CONVICTION. _____

PLEASE TELL US ANYTHING ELSE YOU THINK WE SHOULD KNOW ABOUT YOUR SITUATION:

SUBMITTING THIS FORM DOES NOT AUTOMATICALLY CREATE AN ATTORNEY-CLIENT
RELATIONSHIP. IF AMY DEBROTA THINKS SHE WILL BE ABLE TO ASSIST YOU, SOMEONE
WILL CALL YOU WITHIN TWO (2) BUSINESS DAYS OF THE TIME WE RECEIVED THE
COMPLETED FORM IN OUR OFFICE. IF YOU DO NOT RECEIVE A CALL WITHIN THIS
TIMEFRAME, IT MEANS WE ARE UNABLE TO ACCEPT YOUR CASE. IF YOU WOULD LIKE TO
HAVE ANOTHER ATTORNEY REVIEW YOUR POTENTIAL CASE, PLEASE VISIT THESE WEBSITES:
WWW.NELAINDIANA.COM OR WWW.NELA.ORG.