

INITIAL EMPLOYMENT/DISCRIMINATION CASE INQUIRY FORM

All information submitted on this form will remain confidential.

Please be aware that The DeBrotta Law Firm LLC does not accept any cases for which the statute of limitations will run in 30 days or less. If you have 30 days or less left on your statute of limitations, you need to contact another lawyer immediately.

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

NAME: _____ GENDER: MALE / FEMALE

AGE: _____ E-MAIL ADDRESS: _____

TELEPHONE NUMBERS (WITH AREA CODE):

HOME: _____ WORK: _____ CELL: _____

MAILING ADDRESS: _____

HOW DID YOU HEAR ABOUT OUR FIRM?

Referral (by _____)

Internet Search

Telephone Book

Other (please specify) _____

EMPLOYER OR COMPANY ABOUT WHICH YOU ARE COMPLAINING: _____

HOW MANY TOTAL EMPLOYEES DOES THE EMPLOYER HAVE? _____

HAVE YOU BEEN (CIRCLE ALL THAT APPLY):

- (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?

If none of these apply, what has happened that caused you to seek legal advice? _____

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: _____

**SUBMITTING THIS FORM DOES NOT AUTOMATICALLY CREATE AN ATTORNEY-CLIENT RELATIONSHIP WITH THE DEBROTA LAW FIRM LLC. 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, YOU MAY VISIT THESE WEBSITES TO HELP YOU FIND AN ATTORNEY WHO PRACTICES PLAINTIFF'S EMPLOYMENT LAW:
WWW.NELAINDIANA.COM OR WWW.NELA.ORG.**