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In order for us to help you and save you some money, please take a moment to fill out and return the questionnaire. Please answer questions which apply to your issues. We will review your responses and contact you to set up an appointment.

PRELIMINARY INTAKE

Date: _____ Referred by _____
Name: _____
Street Address (not P.O. Box): _____
Home Phone: _____ Spouse or Partner's Name: _____
Cell Phone/Pager: _____ Spouse or Partner's Employer _____
Work Phone: _____ Spouse or Partner's Work Number: _____
Employer: _____
E-Mail Address (home) _____ E-mail Address(work) _____
=====

PRIVATE SECTOR EMPLOYEE

Type of Case (EEO discrimination; sexual harassment; whistleblower; severance agreement, non-compete/non-solicitation agreement; overtime; minimum wage; Family and Medical Leave Act; grievance, contract review, other? _____

Are You Covered By a Union Agreement? _____

Synopsis of case situation: _____

Names and Day, Cell Phone, and Evening Phone Numbers and Position of Possible Witnesses Who Have First Hand Knowledge of the Facts Surrounding the Complaint(not just what you told them):

If you have been treated differently than someone else? Describe how and what is the different between then and you provide their names and positions?

Statutes of Limitation Dates: (Anything due now or shortly?) _____: EEO case - File with EEOC 180 calendar days from the date of the incident about which you complain. Complaint filed in Court 90 calendar days from when the employee gets a Right to Sue letter from the EEOC, cases of race discrimination only, 2 years from the incident effective date _____; grievance - depends upon union agreement or Company rules _____; Assault, Battery, tortious interference with employment or business, intentional infliction of emotional distress, generally have a 2 year statute of limitations, breach of contract claims usually have a 4 year statute of limitations. Defamation (rarely applicable in employment actions.) 1 year from date of publication.

If Your Case Was Not Filed Timely, Why Not: _____

Salary or hourly wage \$ _____

Damages: lost wages \$ _____, medical or psychological counseling bills \$ _____
prescription medications \$ _____ specific benefits such as life insurance or health insurance \$ _____, pension \$ _____ other expenses directly attributable to the employer's actions \$ _____.

OFFICE USE ONLY

Advised of Consult Fee: Yes ___ No ___ Cost of Consultation _____:

Questionnaire Needed: Removal/Termination _____ Non-Termination General Intake _____

EEO and Comp Damages forms _____; Consequential Damages _____:

Referred to Web Page _____ Sent /Pickup Date _____:

Appointment Scheduled:

(Following Questionnaire Return)

Date: _____ Time: _____

Disposition _____ Any other Info: _____

Once you have completed the questionnaire, please fax to our office at (404) 636 8711