



Civic Center Building, Third Floor
1700 Hudson Street
PO Box 1549
Longview, WA 98632

Phone: (360) 423-5220
Fax: (360) 423-1478
Website: www.walstead.com

EMPLOYMENT LAW FACT SHEET

Dated: _____

Referred by: _____

FOR OFFICE USE ONLY

Disposition:	
_____ (A) Conflict check	Initials _____
_____ Date _____	Atty: _____
_____ (B) Appointment scheduled with:	
_____ Date and time: _____	
_____ (C) Referred to _____	
_____ (D) Check with _____	
Attorney comments: _____	
_____ (E) Client will call us back if they want to make appointment	
_____ (F) Other: _____	

A. PERSONAL

Name: _____ Age: _____ Gender: Male Female

Address: _____

Phone: _____ / _____ / _____
home work cell

Email: _____

Race: _____ National Origin: _____

B. EMPLOYMENT

Name of employer: _____

Address: _____

Number of employees: _____ Public employer: Yes No Private employer: Yes No

Job title: _____ Supervisor's name: _____

Date of hire: _____ Date of termination, if applicable: _____

Reason for leaving: _____

Are you represented by a union? Yes No If Yes, union name: _____

Has grievance been filed with union? _____

Please check the items below that exist:

If they exist, do you have a copy of it?

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Engagement Letters | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Employment Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Employee's Policy Manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Severance Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Termination Letter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Separation Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Labor Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. **DISPUTE**

Reason For Consultation:

- Wrongful Termination Whistle Blower Employer's Retaliation Wage Claim
 Discrimination/Harassment (if you marked this option, please check the appropriate box below)
 Age Disability Gender Marital Status
 Pregnancy National Origin Religion Sexual Harassment

If you checked "Disability" or "Religion", please identify your disability or religion: _____

Please check the applicable unfair action you experienced:

- | | |
|--|---|
| <input type="checkbox"/> Failure to accommodate a disability | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Hostile work environment based on sex | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Opposition to a discriminatory practice (retaliation) | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Retaliation for filing a whistle blower complaint | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Unequal pay | <input type="checkbox"/> Layoff |
| <input type="checkbox"/> Reprimand | <input type="checkbox"/> Retaliation for reporting nursing home abuse |

Other unfair action, explain: _____

Date of most recent unfair action: _____

List all witnesses to the unfair action by name, job title, and phone number:

Employer's stated reason for the unfair action: _____

Facts surrounding dispute (use separate page if necessary): _____

What remedy are you seeking? Advice only Job back Retraction/Written apology Other

If other, explain: _____

DISCLAIMER

The information presented on this form is not intended to be legal advice regarding your specific situation and is not intended to replace the work or advice of an attorney. Accessing this form through the WALSTEAD MERTSCHING PS website (www.walstead.com) does not create either an expressed or implied attorney-client relationship. Any disclosure of confidential information is not protected and may be detrimental to you if we already have an existing attorney-client relationship with a party who may be adverse to you.

By submitting this form, you agree that no information disclosed by you shall prohibit WALSTEAD MERTSCHING PS or its individual attorneys from representing a different client in this matter.

I UNDERSTAND AND ACKNOWLEDGE THE DISCLAIMER STATED ABOVE.

DATE: _____

SIGNATURE: _____