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**FEDERAL GOVERNMENT EMPLOYEE'S
INITIAL CONSULTATION QUESTIONNAIRE
(CONFIDENTIAL)**

PLEASE PRINT

1. Name: _____
Preferred Pronouns: _____

2. Address: _____

City State/Country Zip County

3. Home Phone () _____; Work Phone: () _____ ext _____;
Fax: () _____; E-Mail : _____;
Cell Phone () _____

4. Please provide the following information concerning your **current** employer/agency:

a. Name: _____
b. Address: _____

City State Zip County

c. Date of hire: _____
d. Your position: _____
e. Salary: _____ Grade / Step: _____ / _____
f. Immediate Supervisor: _____

Name Title

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5. If your employment problem is with a **different** employer/agency than you described in answering #4, then please provide the following information about the employer/agency with whom you had the problem:

a. Name: _____

b. Address: _____

City	State	Zip	County
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c. Date of hire: _____

f. Your position: _____

g. Salary: _____ Grade / Step: _____ / _____

f. Immediate Supervisor: _____

Name	Title
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g. Date of termination or resignation: _____

*****NOTE: All of the following questions concern the employer/agency with whom you had the employment problem**

6. How long were you (or have you been) employed by this employer/agency?

7. Specific date of hire: _____

8. Have you been: a. Terminated? _____
Effective date: _____ Date notified: _____

b. Suspended? _____
Effective date: _____ Date notified: _____

c. Demoted? _____
Effective date: _____ Date notified: _____

d. Denied promotion? _____
Date notified: _____

e. Not selected for a job you applied for? _____
Date notified: _____

g. Other? _____
Effective date: _____ Date notified: _____

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9. What was the stated reason(s) for the action(s) noted in Question #8? _____

10. What is the name of the person who notified you of the adverse decision?

11. What is this person's position? _____
12. Who do you think really made the decision - the person who really wanted you terminated, disciplined, not promoted, etc.? (Also, identify that person's race, sex, age and national origin.) _____

13. What do you think is the biggest real reason for that person's decision? _____

14. What is your age? _____ Date of birth? _____
15. What is your service computation date? _____
16. Retirement System: CSRS ___; FERS ___; Other ___;
If other, please list _____
17. What is your salary? _____
18. What is your job title (or what job were you seeking)? _____
19. How much, if any, severance pay were you given (in case of termination)? _____
20. Have you signed a release, waiver, settlement or any other agreement? _____
21. Have you found other employment? _____
a. Yes (if so, new salary) _____
b. No but expect to soon _____
c. No and do not expect to soon _____

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22. Do you believe your case may involve any of the following (yes, no or maybe)?

- a. Sex discrimination? _____ yes _____ no _____ maybe
- b. Sexual harassment? _____ yes _____ no _____ maybe
- c. Sexual orientation? _____ yes _____ no _____ maybe
- d. Gender expression/gender identity? _____ yes _____ no _____ maybe

If so, identify the name, sex, sexual orientation, gender expression/gender identity status and job title of everyone who discriminated against you:

- e. Race/color discrimination? _____ yes _____ no _____ maybe

If so, identify the name, race/color of the person(s) who discriminated against you:

What is the race/color of your replacement or person promoted in your place, etc?

What is your race and color?

- f. National Origin discrimination? _____ yes _____ no _____ maybe

If "yes," what is the name, national origin of the person(s) who discriminated against you?

What is the national origin of your replacement or person promoted in your place, etc?

What is your national origin?

- g. Age discrimination? _____ yes _____ no _____ maybe

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If so, identify the name and age of the person(s) who discriminated against you?

What is your age and date of birth?

What is the age of your replacement or person promoted in your place, etc?

h. Disability discrimination? _____ yes _____ no _____ maybe

If so, what is your disability? _____

Did the employer/agency know you had a disability? _____

i. Religious discrimination? _____ yes _____ no _____ maybe

If so, identify the name, religion of the person(s) who discriminated against you?

What is the religion of your replacement or person promoted in your place, etc?

What is your religion?

j. Have you requested a reasonable accommodation for disability or for religion?

_____ yes _____ no _____ maybe

If so, what was the accommodation requested and the disability/ religion involved?

When did you make the request? _____

Discrimination based on pregnancy, or denial of reasonable accommodation for pregnancy or lactation? _____ yes _____ no _____ maybe

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k. Discrimination based on genetic information? _____ yes _____ no _____ maybe

If so, what was the genetic information? _____

l. Reprisal/retaliation for engaging in protected EEO activity?

_____ yes _____ no _____ maybe

If "yes," describe your prior protected EEO activity _____

m. Any of the following: marital status; political affiliation; union membership or union activities?

_____ yes _____ no _____ maybe

Describe: _____

n. Reprisal for whistleblowing? _____ yes _____ no _____ maybe

If "yes," describe the matter you disclosed and to whom you made the disclosure

When did you blow the whistle? _____

If "yes," have you filed a complaint with the Office of Special Counsel or an agency Office of Inspector General? _____yes _____no

Where filed? _____ When filed? _____

What is the current status of that complaint? _____

o. Reprisal for participating in protected activity such as participating as a witness in another person's case, for filing a claim of whistleblower reprisal, for providing information to the Office of Special Counsel or an Office of Inspector General, or for reporting censorship of scientific data?: _____ yes _____ no _____ maybe

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If "yes," describe the protected activity

When did you engage in the protected activity? _____

If "yes," have you filed a complaint with the Office of Special Counsel? _____yes _____no

When filed? _____

What is the current status of that complaint? _____

- p. Reprisal for refusing to obey an order that would require the individual to violate a law, rule, or regulation? _____ yes _____ no _____ maybe

If so, what did you refuse to do? _____

When did you refuse? _____

- q. Denial of leave, or reprisal for requesting or taking leave, under the Family Medical Leave Act? _____ yes _____ no _____ maybe

- r. Reprisal for filing a workers' compensation claim? _____ yes _____ no _____ maybe

- s. Discrimination for uniformed service or denial of veteran's preference? _____ yes _____ no _____ maybe

If "yes," what is the issue?

- t. Denial, revocation or suspension of a security clearance, eligibility to hold a critical sensitive position, or similar clearance/credential? _____ yes _____ no _____ maybe

If "yes," what is the clearance/credential?

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When was the clearance/credential denied, suspended or revoked?

What was the alleged reason for denying, suspending or revoking the clearance/credential?

u. Disclosures of confidential medical information or Privacy Act violations?
_____ yes _____ no _____ maybe

If "yes," what is the violation?

When did the violation occur?

v. Issues regarding federal civil service retirement?
_____ yes _____ no _____ maybe

If "yes," what is the issue?

23. Are (were) you a member of a bargaining unit, in other words, is (was) your position covered by a union contract? _____ yes _____ no

24. If your answer to Question #23 was yes, please answer questions a-f below. If you answered "no" to Question #23, then skip down to Question #25.

a. Name of Union: _____ Local # _____

b. Name of union president or steward: _____

c. Are you a union member? _____ yes _____ no

d. Do you have a copy of the union contract? _____ yes _____ no

e. Have you filed a grievance under the union contract concerning the matter you are here to see us about? _____ yes _____ no

f. What is the current status of that grievance? _____

25. Date of last performance appraisal: _____ Rating? _____

26. Date of last promotion: _____ Date of last within-grade increase: _____

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27. Briefly describe your main complaint that you want to discuss with a lawyer: _____

28. Have you discussed your complaint with an EEO Counselor? _____ yes _____ no
If "yes", date of initial contact: _____

29. If "yes", name and telephone number of EEO Counselor: _____

30. Have you filed a **formal** complaint of discrimination? _____ yes _____ no
If "yes", date filed: _____

31. Have you received the Report of Investigation? _____yes _____no

32. Have you requested an EEOC hearing? _____ yes _____ no
If "yes", date hearing requested: _____

33. Have you received an EEOC Acknowledgment Order? _____ yes _____ no
If "yes", date received: _____

If "yes," date of hearing: _____

34. Have you received a decision from the EEOC Administrative Judge? _____ yes _____ no

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35. What was the result or current status of your EEO complaint? _____

36. If you received a proposed disciplinary or adverse action, did you present an oral or written reply?
_____yes _____no If "yes", date reply submitted: _____

37. Have you filed an appeal with the Merit Systems Protection Board? _____ yes _____ no
If "yes," date appeal filed: _____

38. Has an MSPB administrative Judge been assigned to your case yet? _____ yes _____ no

41. Describe the status of your MSPB appeal? _____

42. Did you appeal this action to any other agency or organization? _____ yes _____ no
If your answer was "yes," please describe: _____

43. Are you alleging a breach of a settlement Agreement? _____yes _____no

If "yes," please describe: _____

44. Have you ever declared bankruptcy or are you planning to do so?
_____ yes _____ no _____ maybe

45. Have you consulted with any other attorneys concerning the matter you are here to see us about?
_____ yes _____ no

If "yes", with whom have you consulted? _____

46. Are you currently represented in this matter by any other attorney? _____yes _____no

Name of current attorney: _____

Briefly describe why are seeking to consult a different attorney: _____

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47. Who referred you to this law firm? _____

48. What remedies do you hope to obtain through an attorney? _____

49. Are you aware of any kind of deadline with respect to your need for legal advice or representation? If so, please explain briefly. _____

I understand that I am here for an initial consultation only and that Passman & Kaplan, P.C, or any of its attorneys, has not undertaken to represent me until a written agreement is entered into by me and the firm.

Signature: _____ Date: _____

