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Bulldog Workplace Rights

Free Legal Clinic | Intake Form

Print clearly. Check any boxes that fit. Write 'not sure' if you do not know.

Complete section 1 first. Give it to Manon before you finish the rest. Ask us if you need help.

1 Your contact and work information

Full name: _____ Today's date: _____

Phone: _____ Email: _____

☐ Safe to call me ☐ Safe to text me ☐ Safe to email me

Employer: _____ Work city and state: _____

Job title: _____ Pay: \$ _____ ☐ per hour ☐ per week ☐ per year

Date you started: _____ Last day: _____ ☐ I still work there

About how many employees? ☐ 1-3 ☐ 4-14 ☐ 15-19 ☐ 20-49 ☐ 50+ ☐ Not sure

Other people or companies involved: _____

2 What would you like help with

- | | | |
|---|---|---|
| ☐ Fired / forced to quit | ☐ Not hired / promoted | ☐ Disciplined / hours cut |
| ☐ Harassment | ☐ Leave / medical help | ☐ Unemployment benefits |
| ☐ Missing pay / tips / bonuses | ☐ Overtime / unpaid work | ☐ Other: _____ |
| ☐ Contractor / 1099 pay | ☐ Deductions / commissions | ☐ Unpaid breaks / training |

Could any of these be connected to the problem? Check any that fit.

- | | |
|--|---|
| ☐ Race / national origin | ☐ Age / religion |
| ☐ Sex / pregnancy / LGBTQ status | ☐ Disability / family or medical leave |
| ☐ Reported a problem / workplace injury | ☐ Military service |
| ☐ Criminal record / background check | ☐ Other / not sure |

3 Tell us briefly what happened

Include dates, who was involved, the employer's reason, and any important words they used.

For a pay problem, estimate what is owed and tell us whether others have the same problem.

4 Tell us about any deadlines or papers you received

Filed with an agency or court? ☐ No ☐ Yes ☐ Not sure Where / when: _____

Letter giving time to appeal or sue? ☐ No ☐ Yes Date received: _____

Any hearing, signing or filing deadline? ☐ No ☐ Yes ☐ Not sure Date: _____

If you have a deadline or a hearing coming up, tell Manon right away.