

# DOUGLAS, LEONARD & GARVEY, P.C.

## NEW HAMPSHIRE AGE DISCRIMINATION CHECKLIST

### I. GENERAL INFORMATION

Your Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Length of Time With Employer: \_\_\_\_\_

### II. EMPLOYER

Your Job Title \_\_\_\_\_

Date You Were Hired \_\_\_\_\_

Your Salary/Pay \_\_\_\_\_

Did you have an Employment Contract? \_\_\_\_\_

Name of Your Supervisor(s) \_\_\_\_\_

Were you provided an Employee Handbook or Manual? \_\_\_\_\_

If so, do you have a copy? \_\_\_\_\_

DOUGLAS, LEONARD & GARVEY, P.C.

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(603) 224-1988 (800) 240-1988

[www.nhlawoffice.com](http://www.nhlawoffice.com)

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**III. DISCRIMINATION**

Describe the basis of your claim for age discrimination:

What action/comments were taken against you based on your age?

Name and job title of person you believe discriminated against you?

**IV. TERMINATION/RESIGNATION (if applicable)**

How were you notified of your termination? \_\_\_\_\_

Who informed you that you were terminated? \_\_\_\_\_

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Describe the facts of your termination:

What was the reason given to you for your termination?

What do you believe is the reason for your termination?

Prior to your termination/resignation, had you made any complaints or Reports to your supervisor or anyone at your employer about any matters connected or related to your termination?

What is your performance history (include any prior reprimands or Disciplinary action as well as your reviews or evaluations?)

Do you have copies of your reviews or evaluations? \_\_\_\_\_

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Do you have a copy of your personnel file? \_\_\_\_ If not, have you requested a copy of your personnel file?

**V. DAMAGES**

Describe your Employment After Your termination/resignation:

After:      Dates                      Position                      Earnings                      Rate of Pay

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Have you applied for Unemployment Benefits since your termination/resignation? \_\_\_\_\_

Did you receive Unemployment Benefits? \_\_\_\_\_

Did your former employer object to your receiving Unemployment Benefits? \_\_\_\_\_

What reason did you state to the Department of Employment Security For your Termination/Resignation at the time you applied for Unemployment Benefits?

If you have not obtained new employment since your Termination/Resignation, have you been looking for a new job? \_\_\_\_\_

Describe your efforts to find a new job:

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VI. **MEDICAL TREATMENT**

Have you sought any medical treatment for injuries related to your Termination/resignation, including counseling?

Please describe any such treatment:

Name of Medical Providers or Counselors Seen for Condition:

Identify Current Medications Being Taken and When Prescribed:

Return to:

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