

DOUGLAS, LEONARD & GARVEY, P.C.

NEW HAMPSHIRE DISABILITY 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? _____

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III. **DISCRIMINATION**

Describe the basis of your claim for disability discrimination:

What action was taken against you based on your disability?

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

Describe the nature of your disability.

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

How were you notified of your termination? _____

Who informed you that you were terminated? _____

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?

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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? _____

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:

<u>After:</u>	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? _____

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Describe your efforts to find a new job:

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:

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Identify Current Medications Being Taken and When Prescribed:

Return to:

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