

DOUGLAS, LEONARD & GARVEY, P.C.

**NEW HAMPSHIRE
PREGNANCY DISCRIMINATION CHECKLIST**

I. General Information

Your Name _____ Date of Birth: _____

Address _____

Home Phone Number _____ Work Phone Number: _____

Marital Status: _____

E-Mail Address: _____

Dependents Yes _____ No _____

<u>Names</u>	<u>Ages</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Social Security Number: _____

Current Employer: _____

Work Address: _____

Length of Time With Employer: _____

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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? _____

III. **DISCRIMINATION**

Describe the basis of your claim of your complaint of pregnancy discrimination:

What action was taken against you based on your pregnancy?

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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? _____

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?

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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? _____

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

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

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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:

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:

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