



Client Intake Form

Please complete all fields that apply

Date: _____

Personal Information

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Mobile _____ Home Phone _____

Date of Birth _____

Others living in household

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Nature of Claims [check all that apply]

Employment

Religion Age Failure to Accommodate Sex Unpaid overtime

Disability Retaliation Race/National Origin Harassment No breaks

Other _____

Who referred you to our office _____

Workplace Profile

Date of Hire _____

Occupation _____

Job Title _____

Date of Discipline/Termination _____

Prior Discipline _____ Date _____

Quit job? Yes No If yes, date quit? _____

Schedule worked _____ Hours worked per week _____ Hourly wage or salary _____

What help are you seeking?

Brief narrative of claims: *(use extra page if needed)*

Any disciplinary matters? Yes No

If yes, please explain:

Describe in detail the type of work you do _____

Describe work location? (i.e. office, remote, shop) _____

Trained to do this job? Yes No How many others do similar work? _____

Aside from this issue, do you enjoy your work at this Company? Yes No

Have you ever sued an employer before? Yes No If so, please include details below:

Labor Union

Are you a labor union member? Yes No Which Union? _____ Seniority _____

Union Representative Name _____ Title _____

Mobile _____ Phone _____

Fax _____ Email* _____

*Provide copy of collective bargaining agreement, or link to online CBA

For Religious Accommodation Claims: Possible Accommodations

Change schedule Yes No Use paid leave: Yes No

Switch with another employee? Yes No Name _____

Religious Affiliation and Congregation Name _____

What religious belief or practice is the basis of your accommodation request? _____

Date(s) of request _____

Written? Yes (attach copy of written request and response, if any) No

Address _____ Clergy Contact (if any) _____

List each and everything employer could have done to provide religious accommodation:

Have You Filed a Complaint of Discrimination?

Company EEO or hotline? Yes (If yes, date _____) No

United States Equal Employment Opportunity Commission? Yes (If yes, supply copy of charge) No

California Civil Rights Department? Yes (If yes, supply copy of charge and date _____) No

Civil rights or other agency in your state? Yes (If yes, supply copy of charge and name of agency _____) No

Received a "Right to sue" letter Yes No Date of Letter _____

Employer Profile

Company Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Human Resource Director

Name _____

Email _____ Phone _____ Fax _____

Manager/Supervisor

Name _____

Email _____ Phone _____ Fax _____

You must SAVE this pdf and close BEFORE emailing to Church State Council