

## INQUIRY FORM REGARDING WORKPLACE CONCERN(S)

Please answer all questions to the best of your ability; indicate where answers are estimates or unknown. Print form when complete, keep a copy and fax to (313) 887-8470. Please also send an email to [mail@sugarlaw.org](mailto:mail@sugarlaw.org) with the subject line "WORKPLACE INQUIRY FORM" to ensure Law Center staff is aware of your inquiry if fax transmission fails.

1. YOUR NAME	2. TODAY'S DATE
3. YOUR MAILING ADDRESS	
4. YOUR DAYTIME TELEPHONE AND AN ALTERNATE TELEPHONE AT WHICH YOU CAN BE REACHED	5. YOUR EMAIL, ALTERNATE EMAIL
6. NAME AND ADDRESS OF THE COMPANY ABOUT WHICH YOU HAVE CONCERNS	

7. ARE YOU CURRENTLY EMPLOYED WITH THE COMPANY?	8. DATES OF EMPLOYMENT	9. WHAT IS YOUR CURRENT POSITION (MOST RECENT IF NO LONGER EMPLOYED)?	10. HOW LONG HAVE YOU BEEN/WERE YOU IN THAT POSITION?
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<b>11. DOES YOUR CONCERN INVOLVE</b>  <b>(PLEASE CHECK ALL THAT APPLY)</b>	<input type="checkbox"/> DISCRIMINATION OR HARASSMENT RELATED TO RACE OR NATIONAL ORIGIN <input type="checkbox"/> DISCRIMINATION OR HARASSMENT RELATED TO GENDER <input type="checkbox"/> DISCRIMINATION OR HARASSMENT RELATED TO AGE <input type="checkbox"/> DISCRIMINATION OR HARASSMENT RELATED TO RELIGION <input type="checkbox"/> DISCRIMINATION OR HARASSMENT RELATED TO SEXUAL ORIENTATION <input type="checkbox"/> DISCRIMINATION OR HARASSMENT RELATED TO DISABILITY	<input type="checkbox"/> RETALIATION FOR EXPRESSING WORKPLACE CONCERNS <input type="checkbox"/> WRONGFUL TERMINATION <input type="checkbox"/> WAGES PAID FOR HOURS WORKED <input type="checkbox"/> WORKPLACE HEALTH OR SAFETY <input type="checkbox"/> RIGHT TO ORGANIZE, OR TO BARGAIN COLLECTIVELY <input type="checkbox"/> INVASION OF PRIVACY <input type="checkbox"/> OTHER _____
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**12. IF YOU ARE CONCERNED ABOUT DISCRIMINATION OR HARASSMENT RELATED TO RACE OR NATIONAL ORIGIN, PLEASE PROVIDE US WITH YOUR RACE AND/OR NATIONAL ORIGIN:**

IF YOU ARE CONCERNED ABOUT DISCRIMINATION OR HARASSMENT RELATED TO AGE, PLEASE PROVIDE US WITH YOUR AGE:

IF YOU ARE CONCERNED ABOUT DISCRIMINATION OR HARASSMENT RELATED TO RELIGION, PLEASE PROVIDE US WITH YOUR RELIGION:

PLEASE LIST ANY DISABILITIES OF WHICH EMPLOYER/SUPERVISOR WAS AWARE:

**13. IF YOU ARE CONCERNED ABOUT RIGHTS RELATED TO COLLECTIVE BARGAINING, PLEASE TELL US IF YOU ARE A UNION MEMBER**

YES  NO

**IF YES, PLEASE PROVIDE NAME OF UNION:**

**MEMBER IDENTIFICATION NUMBER:**

**NAME OF UNION REPRESENTATIVE:**

**CONTACT NUMBER FOR UNION REPRESENTATIVE:**

**14. HAS THE COMPANY PROVIDED ANY DOCUMENTATION FOR DECISIONS MADE REGARDING YOUR EMPLOYMENT? IF YES, PLEASE IDENTIFY THE DOCUMENTS; YOU MAY INCLUDE UP TO 8 PAGES OF THESE DOCUMENTS WITH YOUR FAX.**

**15. IF THERE ARE OTHER EMPLOYEES WHOSE EXPERIENCE WAS SIMILAR TO YOURS, PLEASE LIST THEIR NAMES AND ADDRESSES, PHONE NUMBERS AND/OR EMAIL ADDRESSES.**

**16. PLEASE TELL US HOW YOU HEARD OF THE SUGAR LAW CENTER.**