LABOR & EMPLOYMENT CLIENT INTAKE QUESTIONNAIRE:

EMPLOYMENT DEADLINES ARE SHORT. Unemployment appeals, benefit-plan appeals, agency charges, and union matters can have deadlines of 30 days to 6 months. Do not sign a severance agreement, release, or arbitration agreement until we review it.

CONFIDENTIAL. This questionnaire is for EMPLOYEES (current, former, or job applicants) with workplace or benefit issues, and for EMPLOYERS needing help with employment claims, policies, union matters, or employee benefit plans. Employees complete Parts 1–7; employers complete Parts 1 and 8. If a question does not apply, write "N/A." If unknown, write "Unknown."

NAME OF THE CLIENT:

You are:

[__] Employee / former employee [__] Job applicant

[__] Employer / business owner / HR

[__] Full Legal Name: _____

Business name (if employer): _____ Title: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Personal phone: _____ Personal email: _____

Syndicate Plan Member ID: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

Employees: please use a PERSONAL phone and email, not your work accounts, which your employer may monitor. Conflict check: Syndicate cannot assist both an employee and the employer in the same matter.

PART 1 — HOW CAN WE HELP?

Employees:

[__] Discrimination

[__] Harassment / hostile work environment

[__] Retaliation / whistleblower

[__] Wrongful termination

[__] Unpaid wages / overtime / breaks

[__] Misclassified as contractor

[__] Leave (medical, family, pregnancy)

[__] Disability accommodation

[__] Unemployment insurance denial / appeal

[__] Benefit plan (ERISA) claim

[__] Severance agreement review

[__] Non-compete / contract / broken promise

[__] Union / unfair labor practice

[__] Workplace injury *

** Workplace injuries are generally handled through workers' compensation. We will help direct you.*

Employers: → Part 8

[__] Agency charge / demand / lawsuit

[__] Employee handbook / policies & procedures

[__] Union / NLRB / strike planning

[__] Employee benefit plan documents & filings

[__] Wage & hour / classification review

[__] Employment agreements

PART 2 — YOUR EMPLOYMENT (EMPLOYEES)

2.1 Employer name: _____ Approx. # of employees: _____

Employer address: _____

2.2 Job title: _____ Supervisor: _____

2.3 Start date: _____ End date (if any): _____ Still employed? _____

2.4 Pay rate: $ _____ per _____ Hours per week: _____

2.5 How were you paid?

[__] Hourly [__] Salaried (exempt) [__] Salaried (non-exempt)

[__] Commission [__] Independent contractor (1099) [__] Not sure

2.6 Are you a union member / covered by a union contract? [__] Yes [__] No

2.7 Did you sign an employment contract, offer letter, or arbitration agreement? [__] Yes [__] No

If yes, explain: _____

_____

2.8 If terminated — date, reason given, and who told you: _____

_____

PART 3 — WHAT HAPPENED (EMPLOYEES)

3.1 If discrimination or harassment, based on (check all that apply):

[__] Race / color [__] National origin / ancestry [__] Sex / gender

[__] Sexual orientation [__] Gender identity / expression [__] Pregnancy

[__] Religion [__] Age (40+) [__] Disability / medical condition

[__] Military / veteran status [__] Marital status [__] Other

3.2 Timeline of Key Events:

Date	What Happened	People Involved	Witnesses

3.3 Did you complain internally (HR, supervisor, hotline)? [__] Yes [__] No

If yes — to whom, when, and what happened afterward: _____

_____

3.4 Did you report illegal activity, safety issues, or wage violations to anyone? [__] Yes [__] No

If yes, explain: _____

_____

PART 4 — WAGES & HOURS (EMPLOYEES)

4.1 Did you work more than 8 hours a day or 40 hours a week without overtime pay? [__] Yes [__] No

4.2 Were you denied meal or rest breaks? [__] Yes [__] No

4.3 Did you work off the clock (before / after shift, during breaks)? [__] Yes [__] No

4.4 Were your pay stubs inaccurate or missing information? [__] Yes [__] No

4.5 Were work expenses (mileage, phone, tools) not reimbursed? [__] Yes [__] No

4.6 Was your final paycheck late or incomplete? [__] Yes [__] No

4.7 Estimated unpaid wages: $ _____

PART 5 — AGENCY FILINGS, BENEFITS & UNEMPLOYMENT

Agency (EEOC, state civil rights, Labor Commissioner, NLRB, DOL, unemployment)	Date Filed	Case No.	Status / Right-to-Sue Date

5.1 Were benefits (pension, 401(k), health, disability, life) denied? [__] Yes [__] No

Plan name: _____

Denial date: _____ Appeal due date: _____

Benefit plan appeals generally must be filed with the plan within 60–180 days of the denial, and the appeal record is usually the only evidence a court will consider.

5.2 Were you denied unemployment benefits? [__] Yes [__] No

Date of determination: _____ Appeal filed? _____

PART 6 — SEVERANCE & LOSSES (EMPLOYEES)

6.1 Have you been offered a severance agreement? [__] Yes [__] No

Amount offered: $ _____ Deadline to sign: _____

Loss	Amount $
Lost wages to date	
Lost benefits	
Medical / therapy costs	
Job search costs	

6.2 Have you found new employment? [__] Yes [__] No

6.3 Have you received medical or counseling treatment related to the job? [__] Yes [__] No

PART 7 — GOALS (EMPLOYEES)

7.1 What outcome do you want?

[__] Keep my job / reinstatement
[__] Back pay / unpaid wages
[__] Better severance
[__] Compensation for harm
[__] Benefits paid
[__] Unemployment benefits
[__] Stop harassment / retaliation
[__] Neutral reference

PART 8 — EMPLOYERS

8.1 Legal entity name: _____ Industry: _____

8.2 Employees in California: _____ Other states: _____

8.3 Are any employees unionized, or is there union organizing activity? [__] Yes [__] No

Employer communications during union activity must follow the National Labor Relations Act (no threats, interrogation, promises, or surveillance). Outside consultants who communicate with employees may have federal reporting obligations.

8.4 Claim / charge received — type, agency or court, date, response deadline: _____

_____

8.5 Policies to prepare or update:

[__] Employee handbook
[__] Anti-harassment policy & training
[__] Leave policies
[__] Wage & hour / timekeeping
[__] Remote work
[__] Independent contractor agreements

8.6 Employee benefit plans involved:

[__] 401(k) / profit sharing
[__] Pension / defined benefit
[__] ESOP / stock bonus
[__] Health & welfare plan
[__] Cafeteria / flexible benefits
[__] Other

8.7 Are Form 5500 filings or plan documents past due or out of date? [__] Yes [__] No

If yes, explain: _____

_____

PART 9 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Do not take confidential company documents you are not entitled to have.

[__] Offer letter / employment contract
[__] Arbitration agreement
[__] Pay stubs & time records
[__] Performance reviews / write-ups
[__] Termination letter / separation notice
[__] Severance agreement
[__] Emails / texts (personal copies)
[__] Complaints you made

[__] Agency filings / right-to-sue letters
[__] Benefit plan documents & denial letters
[__] Unemployment notices
[__] Employee handbook

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my labor and employment matter.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Title (if employer): _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.