

Virtual In-House Counsel, PLLC
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Note: The answers you provide on this form will be used by the law firm of Virtual In-House Counsel, PLLC to determine possible conflicts of interest before providing legal advice about a current or anticipated dispute and are to be used for no other purpose. Nothing in this form should be construed as an agreement by Virtual In-House Counsel to provide such services or to create an attorney-client relationship. If further discussion takes place after you have completed and submitted this form, there will be charges for the attorney services rendered until such time as a contingent fee agreement is signed or other arrangements are made. All services provided by Virtual In-House Counsel, PLLC are subject to charge at the prevailing rate and you will be required to pay an appropriate retainer before services will be rendered.

Your Name: _____

Address: _____

Preferred method of Contact: Phone: _____ Cell: _____ email: _____

Your employer's (Company) name: _____

Your employer's address: _____

Your employer's approximate number of employees in Washington State: _____

Facility at which you worked: _____

Your supervisor's name: _____

Your supervisor's superior (if any): _____

Your employer's HR or other contact person: _____

If you feel you were subjected to discrimination, mark the most appropriate box:

- age race national origin religion gender
 disability pregnancy sexual orientation Union Activities whistleblower

failure to abide by company policy (explain): _____

false accusation (explain): _____

other (explain): _____

Briefly describe the worst instance of discrimination:

When did such activity begin? _____

How often did it occur? _____

When was the most recent instance? _____

Was it always the same individuals who were present? _____

Are you aware of any other employee(s) who was/were subjected to similar treatment?

Who witnessed or was also subjected to such actions and can describe what they saw?

Name: _____

Address: _____

Phone or contact: _____

Name: _____

Address: _____

Phone or contact: _____

Are you still working? _____

If you are still working, have you submitted a grievance or complaint that is awaiting action by your employer?

If you were terminated, when was your last day of work? _____

Did your employer document your discharge with a letter or some other notice to your file?

What reason did your employer give for the termination?

If you believe there was another, hidden reason for your termination, what do you believe that to be and why?

What evidence can you provide to support your belief?

What evidence that is NOT in your possession do you believe exists that would prove your claims? Who is in possession of that evidence?

Acknowledgment:

I certify under penalty of perjury under the laws of the State of Washington that my assertions here are true to the best of my knowledge, and that I understand these statements are submitted for the purpose of determining whether a conflict of interest might exist.

I understand that Virtual In-House Counsel, PLLC does not take every case that is submitted for review and that all cases are subject to payment in advance of a suitable retainer. I also understand that any agreement by Virtual In-House Counsel, PLLC to represent me will have to be the product of further communications.

Submitted by: _____ Date: _____