

**EMPLOYMENT SAMPLE INTAKE FORM AND PRE-QUAL (15 Fields):**

**CONTACT INFORMATION:**

Client full name:

Primary phone:

Email:

Address:

**LEAD INFO:**

Type of Discrimination:

Date of incident(s):

Brief Description of incident(s):

Name of Company you were employed at:

Address of Company where employed at:

Are you still employed there:

Have you filed claim:

Claim Number:

Do you have witnesses?

Have pictures:

Location and time of accident: