

SEXUAL HARASSMENT QUESTIONNAIRE

CONFIDENTIAL ATTORNEY CLIENT PRIVILEGED DOCUMENT

Please answer the following questions to the best of your ability:

I. BACKGROUND INFORMATION

Name: _____ Age: _____

Address: (Please list the address you want mailings from our office to sent): _____

Education:

High School: _____

College: _____

Other education training or vocational training: _____

Other qualifications, e.g., licenses or certificates: _____

Membership in professional organizations: _____

Who was your most recent employer? _____
(Name and Address)

What was your position and salary? _____

Are you currently working? Yes _____ No _____

If you are not working:

- a. What is the last date that you worked? _____
- b. Why did you stop working?
 - i. Medical Leave/Disability: _____
 - ii. Termination/Forced Resignation: _____
 - iii. Other: _____

II. INFORMATION REGARDING EMPLOYER AT TIME OF HARASSMENT

Company Name: _____
("HARASSMENT EMPLOYER")

Address and Telephone: _____

Type of business: _____

Date of hire: _____ Starting Salary: _____

How was the Harassment Employer organized e.g., corporation, partnership? (If you don't know what was the name on your paycheck): _____

Number of employees at all locations (If you don't know, please guess - this is important): _____

Did they have a sexual harassment policy (if so when and how did you get it) _____

What if anything do you recall the policy saying? _____

Percentage of persons of each gender in your working environment
Female _____ (%) Male _____ (%)

Do you contend the Harassment Employer was hostile to the idea of having women in the workplace? If so why? _____

Your original/first position with Harassment Employer: _____

Job description and duties: _____

Description of employee benefits: _____

CHANGE IN STATUS WITH HARASSMENT EMPLOYER: For each change in employment status (promotion, demotion, transfer, pay raise, etc.) please give the following information:

First Change in Status:

Date: _____ Type of change: _____

Change in duties: _____

Length of time in this position: _____

Amount of salary or wages: _____

Name and title of your immediate supervisor: _____

Were you evaluated: _____ If yes answer the following questions:

How often were you evaluated: _____

Were the evaluations in writing: _____

Do you have a copy of the evaluations (if yes please provide us with a copy): _____

How would you describe the evaluations: _____

Second Change in Status:

Date: _____ Type of change: _____

Change in duties: _____

Length of time in this position: _____

Amount of salary or wages: _____

Name and title of your immediate supervisor: _____

Were you evaluated: _____ If yes answer the following questions:

How often were you evaluated: _____

Were the evaluations in writing: _____

Do you have a copy of the evaluations (if yes please provide us with a copy): _____

How would you describe the evaluations: _____

Third Change in Status:

Date: _____ Type of change: _____

Change in duties: _____

Length of time in this position: _____

Amount of salary or wages: _____

Name and title of your immediate supervisor: _____

Were you evaluated: _____ If yes answer the following questions:

How often were you evaluated: _____

Were the evaluations in writing: _____

Do you have a copy of the evaluations (if yes please provide us with a copy): _____

How would you describe the evaluations: _____

III. IDENTITY OF HARASSERS (Employees or customers who harassed you).

First Harasser:

Name: _____
("Harasser-1")

Home Address of Harasser: _____

Work Address (Please explain your level of contact with the Harasser): _____

Job description and duties of Harasser: _____

Did the Harasser have supervisory, managerial, or other authority over you while you worked for the Harasser Employer?

What was the Harassers title _____

Did the harasser have responsibility for reporting harassment, or otherwise implementing or enforcing the company's sexual harassment policy_____

Second Harasser:

Name: _____
("Harasser-2")

Home Address of Harasser: _____

Work Address (Please explain your level of contact with the Harasser): _____

Job description and duties of Harasser: _____

Did the Harasser have supervisory, managerial, or other authority over you while you worked for the Harasser Employer?

What was the Harassers title _____

Did the harasser have responsibility for reporting harassment, or otherwise implementing or enforcing the company's sexual harassment policy_____

Third Harasser:

Name: _____
("Harasser-3")

Home Address of Harasser: _____

Work Address (Please explain your level of contact with the

Harasser): _____

Job description and duties of Harasser: _____

Did the Harasser have supervisory, managerial, or other authority over you while you worked for the Harasser Employer?

What was the Harassers title _____

Did the harasser have responsibility for reporting harassment, or otherwise implementing or enforcing the company's sexual harassment policy _____

IV. DESCRIPTION OF HARRASSMENT

Description of any threats, statements, or circumstances indicating that your employment, raises, or promotions, would be conditioned on you engaging in what you thought were inappropriate acts/sexual harassment (for example did you feel that it was implied that if you did not participate or tolerate the inappropriate actions that you would be fired, demoted, etc...) _____

Description of any adverse employment action actually taken (Where you demoted if you said no?) _____

Amount of earnings and benefits lost because of adverse action

Were you and the harasser of opposite sex _____

Were other employees of your **same sex** subjected to similar

treatment? (If yes, please explain) _____

Were employees of your **opposite sex** subjected to similar treatment. (If no, please explain _____

Name, address, and telephone number of each co-worker harassed:

Did the harassment involve genital touching or other explicitly sexual conduct or did anyone working for the Harassment Employer make sexual advances or demands for sexual favors towards you?

Please describe what happened: _____

When did this happen? _____ (Date)

Did it happen more than once? If so please detail what happened:

If demands were not explicit, please provide a description of facts or circumstances which led you to understand that advances were being made or sexual favors demanded:

Description of threats made to encourage you to give in: _____

Did you believe the harasser would carry out the threat? Why?

Was there any romantic or sexual involvement between you and the harasser? _____ If yes please describe: _____

Was there any romantic or sexual involvement with any other coworkers? _____ If yes please describe: _____

Please describe in detail any of the following: (offensive language, Comments on plaintiffs physical attributes or sexual desirability, sexual advances or propositions, display of pinups, offensive drawings, or other forms of pornography, graffiti, unwanted touching, sexual assault, spanking, invasion of privacy, following or staring, requiring plaintiff to wear revealing or sexually provocative clothing)_____

Please provide specific dates on which the harassment above occurred: _____

Frequency and regularity of harassment you described above: _____

Did you willingly engage or participate in harassing conduct or similar activities with any co-workers? _____

If yes, please describe the activities or conduct you engaged in: _____

Did you ever initiate such activities _____

If yes, please provide details: _____

To what extent did you discuss sexual matters in the workplace:

Did you use obscene or course language in workplace? _____

Please describe? _____

Did you maintain records or logs reflecting the harassing behavior and/or circumstances? If so please provide copies: ____

Names, addresses, job titles and telephone numbers of other employees who may have witnessed the harassment directed at you:

Did any witness have the responsibility for reporting harassment, or otherwise implementing or enforcing the company's sexual harassment policy, If so give their name, title and position _____

V. NOTICE OF HARASSMENT TO HARASSMENT EMPLOYER

Did the Harassment Employer have an established formal sexual harassment policy? _____

Did you file a complaint or grievance with your employer _____

Date of complaint _____

Written or oral _____

Time and place _____

Name and job title of the person who you gave your complaint _____

Did you give them the complaint while they were working _____

Were you informed of the existence and terms of policy, and of procedures for filing complaint or grievance, if so how? _____

If you did not file a complaint please describe why (e.g., embarrassment, fear of exacerbating situation, fear of retaliation, expectation that complaint would be futile, requirement that complaint be directed through person who had engaged in harassment, etc.) _____

VI. HARASSMENT EMPLOYER'S RESPONSE TO YOUR COMPLAINT OF SEXUAL HARASSMENT

Did the Harassment Employer take your complaint seriously _____

Did the individual harasser take your complaint seriously
(Please address the response of each individual harasser if
there was more than one) _____

Was there any prior history of harassment that you are aware of?
If so, please describe _____

Did the Harassment Employer conduct an investigation into your
complaint? _____

Names and job titles of persons who conducted the investigation

Describe how the investigation was conducted (e.g. interviews,
hearings, etc.) _____

Names and job titles of persons interviewed _____

Do you feel that there was any one who should have been interviewed who wasn't, if so who: _____

How long did the investigation last _____

Were you separated from the harasser pending the investigation _____

Describe the findings or conclusions of the investigation _____

Describe any punishment given to the harasser _____

Describe any punishment threatened against harasser if harassment reoccurred _____

Describe any action you were encouraged or required to take with regard to the punishment _____

Did the punishment or remedy solve the problem _____

Did the harassment continue or happen again after the punishment _____

or remedy was instituted _____

If the harassment continued how did it affect you _____

Did you do report the continuing harassment? _____

Why (why not)? _____

Were you terminated as a result of the harassment? _____

VII. YOUR RESPONSE TO THE HARASSMENT/DAMAGES

Describe your feelings or subjective responses to the harassment

Describe how you communicated objections to harassment to the harasser _____

Do you have any apprehension or anxiety concerning any possibility that harassment will recur, if so describe? _____

What is your emotional response to harasser's continued presence in the workplace _____

What was your immediate reaction to the sexual harassment [sex discrimination]? Did you have any immediate physical reaction? If so, describe. _____

Who was the first person you spoke to about the harassment [discrimination]? What did you say? _____

How many of your co-workers do you believe knew about your situation? How did they find out? _____

Have you discussed the harassment/discrimination with any of your co-workers? How did you feel when you discussed the incident(s) with them? How did they react? _____

Describe how you informed your spouse and family of the harassment [discrimination]. Did you tell them immediately? How did you feel about it? _____

In thinking back about your employment with the Harassment Employer, how do you feel it has affected you? Are you aware of any changes in yourself since that time? _____

Following the harassment [discrimination], did you have any physical problems that you believe were related to the incident?

a. What was the nature of these problems? _____

b. Did you consult a medical doctor?

i. Name: _____

ii. Address: _____

iii. Phone: _____

c. Were you required to take medication? If so, please describe: _____

In thinking about or talking about the harassment [discrimination], did you ever cry? _____

If applicable, describe how you feel (or felt) looking for other employment. Do you discuss your previous employment with prospective employers? _____

Since the harassment [discrimination], how frequently do you think about it? How do you feel when you remember the incident(s)? _____

How have your family members reacted to the incident? _____

How have your personal friends reacted to the harassment [discrimination]? Describe any effect this incident has had on your personal relationships. _____

What are your present feelings about your dealings with your former employer? _____

Have you sought psychological counseling because of the harassment? If so, by whom (name, address, and telephone) and how often and what if any medication you were prescribed? _____

Have you incurred any medical expenses, as a result of the employment dispute, which are not covered by insurance? If so, describe these expenses: _____

If we were to settle this matter, what would you be seeking?

- a. Monetary damages? _____
- b. Employment (reinstatement to your former position or a comparable one)? _____
- c. Letter of reference? _____
- d. Other (please be specific): _____

Type of work: _____

Job Duties: _____

Reason for leaving: _____

Names of supervisors: _____

Were you evaluated: ____ If yes, answer the following questions:

How often were you evaluated: _____

Were the evaluations in writing: _____

Do you have a copy of the evaluations (if yes please provide us with a copy): _____

How would you describe the evaluations: _____

Employer 2

Names of employer: _____

Address and Telephone: _____

Dates employed: _____

Job title: _____

Type of work: _____

Job Duties: _____

Reason for leaving: _____

Names of supervisors: _____

Were you evaluated: ____ If yes, answer the following questions:

How often where you evaluated: _____

Were the evaluations in writing: _____

Do you have a copy of the evaluations (if yes please provide us with a copy): _____

How would you describe the evaluations: _____

Employer 3

Names of employer: _____

Address and Telephone: _____

Dates employed: _____

Job title: _____

Type of work: _____

Job Duties: _____

Reason for leaving: _____

Names of supervisors: _____

Were you evaluated: ____ If yes, answer the following questions:

How often where you evaluated: _____

Were the evaluations in writing: _____

Do you have a copy of the evaluations (if yes please provide us with a copy): _____

How would you describe the evaluations: _____

Employer 4

Names of employer: _____

Address and Telephone: _____

Dates employed: _____

Job title: _____

Type of work: _____

Job Duties: _____

Reason for leaving: _____

Names of supervisors: _____

Were you evaluated: ____ If yes, answer the following questions:

How often were you evaluated: _____

Were the evaluations in writing: _____

Do you have a copy of the evaluations (if yes please provide us with a copy): _____

How would you describe the evaluations: _____
