

CLIENT INFORMATION FORM

1. Contact Information:		
Name:		
Address:		
City:	State:	Zip:
Home Telephone #: ()	Cell Telephone # ()	
E-mail address:		
Preferred method for us to contact you?		
2. Employment Background:		
Job Title(s)		
Dates of Employment		
Location of Employment		
Starting Salary	Ending Salary	
Supervisor's Name/Title		
Reason for Leaving (if applicable)		

3. Information on Complaint Regarding Compensation		
Below, please list any information which you believe supports your allegations that Dell failed to properly compensate you during your period of employment:		

