

## CLIENT INFORMATION FORM

<b>1. Contact Information:</b>
Name:
Address:
City: <span style="margin-left: 150px;">State:</span> <span style="margin-left: 150px;">Zip:</span>
Home Telephone #: ( ) <span style="margin-left: 150px;">Cell Telephone # ( )</span>
E-mail address:
Preferred method for us to contact you?
<b>2. Employment Background:</b>
Job Title(s)
Dates of Employment
Location of Employment
Starting Salary <span style="margin-left: 150px;">Ending Salary</span>
Supervisor's Name/Title
Reason for Leaving (if applicable)
_____
_____
_____
<b>3. Information on Complaint Regarding Compensation</b>
Below, please list any information which you believe supports your allegations that the Geo Group failed to properly compensate you during your period of employment:
_____
_____
_____
_____