



**Misconduct Questionnaire - Claimant**

Claimant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 ID or SSN: \_\_\_\_\_

**(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)**

Under Section 602 of the Illinois Unemployment Insurance Act, an individual who is discharged because of misconduct connected with his/her work, is ineligible for unemployment benefits. Please provide information about your separation. The information you provide will be used for the purpose of determining your eligibility for benefits.

Please complete, sign and return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

You will receive a notice by mail with the date and time and interview will be held regarding your separation. At the time of the interview you may provide more detailed information.

<b>Section A: Employment Information</b>	
Employer Name: _____ Employer Telephone Number: ( ) - _____	
Length of Employment From: ___/___/___ To: ___/___/___	Work Hours (AM/PM) From: ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM To: ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM
Wages \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Other (Please Explain) <input type="checkbox"/> Biweek	
Type of Work (e.g. retail sales, cook, office manager, etc)	Job Duties
<b>Section B: Reason For Discharge</b>	
What was the date you were discharged? ___/___/___	
Who discharged you?	What is that person's title?
What reason were you given for the discharge?	
Describe the last act, omission, or circumstance that led to your discharge on that date.	
Was there a company policy or rule concerning the last act/circumstance that caused your discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the policy/rule or expected conduct/performance?	
Had you received any prior warnings about this type or similar conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No What type of warning did you receive, by whom and when? Name: _____ Date: ___/___/___ Type: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Other (Please Explain) _____	
If yes, what action(s), if any, did you take to improve your conduct/performance after receiving a warning from your employer?	
Were you aware that you could be discharged for not complying with the rule or policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what effect did the action, omission, or circumstance have on the employer (e.g. physical damage to property, loss of profits, etc.)	
<b>Section C: Signature</b>	
Signature: _____ Date: ___/___/___	
Name (printed): _____ Day Time Telephone Number: ( ) - _____	