



Voluntary Quit – DOMESTIC VIOLENCE

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____

Last 4 Digits of your Social Security #: _____ Date completing questionnaire: _____

Claimant Statement

1. What was your last physical date of work (mm/dd/yyyy)? _____
2. What was your date of separation (if different from your last day of work - mm/dd/yyyy)? _____
3. Did you provide notice to your employer that you were leaving? YES NO
 - a. If no, why didn't you provide a notice?

- b. If yes, whom did you notify? Name: _____
 Title: _____

c. When did you provide the notice (mm/dd/yyyy)? _____

d. How much notice did you give your employer? _____

- e. Did your employer allow you to work out your notice? YES NO
 - If no, what reason was given for not allowing you to work out your notice?

If you were not allowed to work out your notice, did your employer pay you for the remainder of your notice? YES NO

If yes, please indicate the amount of money paid to you for the remainder of your notice. \$ _____

4. You indicated when you filed your claim that you left due to domestic violence. What situation was occurring at the time you left?

- a. Had a restraining order been violated? YES NO
 - b. Were you receiving threats at home or at work? YES NO
 - c. Were you being harassed at work or on your way to work? YES NO
5. Did you inform your employer that the reason stated in Answer #4 was the reason for leaving? YES NO
 - If no, what reason did you give your employer for leaving?

Rhode Island Department of Labor and Training
Unemployment Insurance - Central Adjudication Unit

P.O. Box 20067, Cranston, RI 02920

Fax: 401-462-8318

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6. Did you seek help from (check all that apply):

- Police - If yes, please provide a copy of the police report
- Court of Law - If yes, please provide a copy of the restraining order
- Priest or Pastor - If yes, please provide a letter from your priest or pastor that you sought counsel for this issue.
- Mental Health Counselor or medical professional - If yes, please provide a letter that you sought help for this issue
- Social Worker - If yes, please provide a letter that you sought help for this issue
- Safe House director or counselor - If yes, please provide a letter that you sought help for this issue

7. Did you reasonably fear future domestic abuse at, on route to, or on route home from your place of employment? ○ YES ○ NO

8. Was it your intention to relocate to another geographical location in order to avoid future domestic abuse against yourself or another member of your family? ○ YES ○ NO

9. Did you believe that leaving work was necessary for the future safety of yourself or your family? ○ YES ○ NO
a. If yes, please explain:

10. Please provide any additional information you feel is necessary:

Please fax any requested documentation to 462-8318 marked "CONFIDENTIAL". Include your name and the last four digits of your social security number on the documentation sent.

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. ○ YES ○ NO

Signature: _____