

**APPENDIX 4
FORMAL COMPLAINT FORM**

Submitted in accordance with the Procedures of the Eastern District of North Carolina's Employment Dispute Resolution Plan.

Full name of person submitting the form (Complainant):

Your mailing address: _____

Your phone number(s): _____

Your email address: _____

Are you: a current employee a former employee an interviewed applicant?

Court and office in which you are employed or to which you applied:

Your job title or job title of the position to which you applied: _____

Date of interview (*for interviewed applicants only*): _____

Name and address of Employing Office from which you seek assistance (*if the matter involves a judge or chambers employee, the Employing Office is the Court*):

Identify the Wrongful Conduct that you believe occurred (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Discrimination based on (check all that apply): | <input type="checkbox"/> Harassment based on (check all that apply): |
| <input type="checkbox"/> Race | <input type="checkbox"/> Race |
| <input type="checkbox"/> Color | <input type="checkbox"/> Color |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Religion |

National origin

Age

Disability

Other based on (check all that apply):

Abusive Conduct

Retaliation

Whistleblower Protection

Family and Medical Leave

Uniform Services Employment and Reemployment Rights

Worker Adjustment and Retraining

Occupational Safety and Health

Polygraph Protection

Other (describe): _____

National origin

Age

Disability

Date(s) of alleged incident(s) for which you seek a remedy:

Summary of the actions or occurrences giving rise to the Complaint (attach additional pages as needed):

Identify, and provide contact information for, any persons who were involved in this matter, who were witnesses to the actions or occurrences, or who can provide relevant information concerning the Complaint (*attach additional pages as needed*):

Describe the assistance or corrective action you seek: _____

Have you already sought Assisted Resolution for this Abusive Conduct Claim? Yes No

If yes, please provide the following information:

- Date Request for Assisted Resolution was submitted: _____

- Date it concluded: _____
- Name of the EDR Coordinator that assisted you: _____
- Describe the resolution, if any: _____

Have you filed a complaint involving same or similar facts under a separate administrative process or another court's/unit's EDR Plan? Yes No

If yes, what was the name of the EDR Coordinator that assisted you, and what was the outcome?

Do you have an attorney or other person who represents you? Yes No

If yes, please provide the attorney's name, mailing address, email address, and phone number(s):

I have attached a copy of documents that relate to my Complaint (such as emails, notices or discipline or termination, job application, etc.)

I acknowledge that this Complaint will be kept confidential to the extent possible, but information may be shared to the extent necessary and with those whose involvement is necessary to resolve this matter, as explained in the EDR Plan (*see* EDR Plan § IV.B.1).

I affirm that the information provided in this Complaint is true and correct to the best of my knowledge:

Complainant signature: _____

Date submitted: _____

Agency Use Only

Complaint reviewed by EDR Coordinator on: _____

EDR Coordinator name: _____

EDR Coordinator signature: _____

Local Court Claim ID (Court Initials-AR-YY-Sequential Number): _____