

FORMAL COMPLAINT FORM - APPENDIX 3

*Submitted under the Procedures of the United States District Court for the Southern District of West Virginia
Employment Dispute Resolution Plan*

Court: **United States District Court for the Southern District of West Virginia**

Full name of person submitting the form (Complainant): _____

Your mailing address: _____

Your email address: _____

Your phone number(s): _____

Office in which you are/were employed or applied to: _____

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*):

Your job title/job title applied for: _____

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

Date(s) of alleged incident(s) for which you seek Assisted Resolution:

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

Describe the remedy or corrective action you seek (*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*):

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

- | | |
|---|---|
| <input type="checkbox"/> Discrimination based on (<i>check all that apply</i>): | <input type="checkbox"/> Harassment based on (<i>check all that apply</i>): |
| <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 |
| <input type="checkbox"/> National origin | <input type="checkbox"/> National origin |
| <input type="checkbox"/> Age | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Disability |

Abusive Conduct

I have already sought Assisted Resolution for this Abusive Conduct claim.

Provide date Request for Assisted Resolution submitted and concluded, and describe the resolution, if any:

-
- | | | |
|---|--|---|
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Uniform Services | <input type="checkbox"/> Occupational Safety |
| <input type="checkbox"/> Whistleblower Protection | Employment and | and Health |
| <input type="checkbox"/> Family and Medical Leave | Reemployment Rights | <input type="checkbox"/> Polygraph Protection |
| | <input type="checkbox"/> Worker Adjustment and | <input type="checkbox"/> Other (describe) |
| | Retraining | |

Do you have an attorney or other person who represents you?

Yes. Please provide name, mailing address, email address, and phone number(s):

No.

I have attached copy(ies) of any documents that relate to my Complaint (such as emails, notices of 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.A.1).

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

Complainant signature: _____ Date submitted: _____

For Official Use Only:

Date **Complaint** reviewed by EDR Coordinator/Circuit Director of Workplace Relations

Printed Name EDR Coordinator/Circuit Director of Workplace Relations

Signature EDR Coordinator/Circuit Director of Workplace Relations

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