

**FORMAL COMPLAINT FORM  
APPENDIX 3**

Submitted under the Procedures of the  
Federal Public Defender Office – Western District of North Carolina Employment Dispute  
Resolution Plan

District: \_\_\_\_\_  
Full name of person submitting the form (Complainant): \_\_\_\_\_  
Your mailing address: \_\_\_\_\_  
Your email address: \_\_\_\_\_  
Your phone number(s): \_\_\_\_\_  
Office in which you are employed or applied to: \_\_\_\_\_  
Name and address of FPDO from which you seek a remedy:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your job title/job title applied for: \_\_\_\_\_  
Date of interview (for interviewed applicants only): \_\_\_\_\_  
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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*):

Discrimination based on (check all that apply):

- Race
- Color
- Sex
- Gender
- Gender identity
- Pregnancy
- Sexual orientation
- Religion
- National origin
- Age
- Disability

Harassment based on (check all that apply):

- Race
- Color
- Sex
- Gender
- Gender identity
- Pregnancy
- Sexual orientation
- Religion
- National origin
- Age
- 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:

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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)

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

Yes

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

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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.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 \_\_\_\_\_

Complaint reviewed by EDR Coordinator on \_\_\_\_\_

EDR Coordinator name \_\_\_\_\_

EDR Coordinator signature \_\_\_\_\_

Local Court Claim ID (Court Initials-FC-YY-Sequential Number): \_\_\_\_\_