

**COMPLAINT OF DISCRIMINATION
UNDER THE CONSOLIDATED
EQUAL EMPLOYMENT OPPORTUNITY
and
EMPLOYMENT DISPUTE RESOLUTION PLAN OF THE
UNITED STATES COURT OF APPEALS
FOR THE FOURTH CIRCUIT**

Prior to completing this form, please refer to the Consolidated Equal Employment Opportunity and Employment Dispute Resolution Plan ("Plan"). Please complete this form legibly.

1. Full Name of Person Filing Complaint: _____
2. Address: _____

3. Home Phone: _____ Work: _____
4. If you are a Court employee, state the following:
Court Unit in which employed: _____
Job Title: _____
5. Name and address of the Employing Office against whom this complaint is filed (under the terms of the Consolidated Equal Employment Opportunity and Employment Dispute Resolution Plan of the United States Court of Appeals for the Fourth Circuit, all complaints must be against the Employing Office, *not an individual*):

Identify the Chapter(s) of the Consolidated Plan under which your complaint is being filed.

- Chapter II - Equal Employment Opportunity and Anti-Discrimination Rights
 Race

- Color
- Religion
- Sex (includes Sexual Harassment)
- National Origin
- Age (at least 40 years old at the time of the alleged discrimination)
- Disability
- Chapter III - Family and Medical Leave Rights
- Chapter IV - Worker Adjustment and Retraining Notification Rights
- Chapter V - Employment and Reemployment Rights of Members of the
Uniformed Services
- Chapter VI - Occupational Safety and Health Protections
- Chapter VII - Polygraph Tests
- Chapter VIII - Whistleblower Protection

7. Date(s) of alleged violation _____
8. Date on which counseling was requested _____
Date on which counseling was completed _____
Date on which mediation was requested _____
Date on which mediation was completed _____
9. Name of person who served as Counselor on this matter _____
10. Name of person who served as Mediator on this matter _____
11. Please summarize the actions or occurrences giving rise to your complaint. Explain in what way you believe your rights under the Consolidated Plan were violated. Identify all persons who participated in this matter or who can provide relevant information concerning your complaint. (If there is insufficient space below, you may attach additional pages.)

[Please attach a copy of any documents that relate to your complaint, such as an application form, resume, letters of discipline or termination, etc.]

12. What corrective action do you seek from your complaint?

13. Do you have an attorney or any other person who represents you in this matter?

Yes No

If yes, please provide the following information concerning that person:

Name _____

Address _____

Work Phone _____ Fax _____

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

Signature

Date