

**FORMAL COMPLAINT FORM
APPENDIX 3**

Submitted under the Procedures of the Ninth Circuit Employment Dispute Resolution
Policy

Court: _____

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 Employing Office from which you seek a remedy (*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 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
- Gender expression
- Marital status
- Pregnancy
- Parenthood
- Sexual orientation
- Religion
- Creed
- Ancestry
- National origin
- Citizenship
- Genetic information
- Age
- Disability
- Service in the uniformed forces

Harassment based on (*check all that apply*):

- Race
- Color
- Sex
- Gender
- Gender identity
- Gender expression
- Marital status
- Pregnancy
- Parenthood
- Sexual orientation
- Religion
- Creed
- Ancestry
- National origin
- Citizenship
- Genetic information
- Age
- Disability
- Service in the uniformed forces

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)

Date on which Assisted Resolution was requested: _____

Date on which Assisted Resolution concluded: _____

Do you have an attorney 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 Policy (*see* EDR Policy § 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/Director of Workplace Relations on _____

EDR Coordinator/Director of Workplace Relations name _____

EDR Coordinator/Director of Workplace Relations signature _____

Local Court Claim ID (Court Initials–FC–YY–Sequential Number): _____