

**APPENDIX 3
FORMAL COMPLAINT FORM**

Submitted under the Procedures of the District of Columbia Courts' EDR Plan

Court: _____

Full Name:

Mailing Address:

Your email address:

Your phone number(s):

Office in which you are employed:

Name and address of court office from which you seek assistance (the court in which the applicable judge serves):

Applicants for Employment Only

The position you applied for:

Date of interview:

Dates of alleged incidents for which you seek assisted resolution:

Summary of the actions or occurrences for which you seek assisted resolution (*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 Complainant (*attach additional pages as needed*):

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

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

- Age
- Disability
- Ethnicity
- Gender
- Gender identity or expression
- Marital Status
- National Origin
- Political Affiliation
- Race
- Religion
- Sex
- Sexual orientation
- Status as a victim or family member of a victim of domestic violence, a sexual offense, or stalking
- Credit information

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

- Age
- Disability
- Ethnicity
- Gender
- Gender identity or expression
- Marital Status
- National origin
- Political Affiliation
- Race
- Religion
- Sex
- Sexual orientation
- Status as a victim or family member of a victim of domestic violence, a sexual offense or stalking
- Credit information

Bullying

I have already sought assisted resolution for this bullying claim.

Provide date request for assisted resolution submitted and concluded, and describe the resolution, if any:

Retaliation

Uniform Services Employment
and Reemployment Rights

Family and Medical Leave

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):

No

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

I acknowledge that this Request will be kept confidential to the extent possible. However, information may only be shared, to the extent necessary, with those whose involvement is necessary to resolve this matter, as explained in the EDR Plan.

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

Complainant signature

Date Submitted
