

COMPLAINT UNDER EEO/EDR PLAN

Filed Under the Procedures of the Equal Employment Opportunity and Employment Dispute Resolution Plan for the United States Courts for the District of Nebraska.

Prior to completing this form, please refer to the EEO/EDR Plan for your court unit. Please complete this form legibly.

1. Full name of person filing complaint: _____
2. Mailing Address: _____

3. Home Phone: _____ Work Phone: _____
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 which this complaint is filed (under the terms of the EEO/EDR Plan, all complaints must be filed against an "employing office," not an individual): _____

6. Identify the Chapter(s) of the EEO/EDR Plan under which your complaint is being filed.
 - Chapter II – Equal Employment Opportunity and Anti-Discrimination Rights
 - Race
 - Color
 - Religion
 - Gender/Sex (includes pregnancy and sexual harassment)
 - National Origin
 - Age (at least 40 years old at the time of alleged discrimination)
 - Disability
 - Sexual Orientation
 - 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

an application form, resume, letters, notices 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 swear or affirm that the information provided in this complaint is true and correct to the best of my knowledge.

Signature

Date