

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

In the Matter of a Complaint Arising Under the
Consolidated Equal Employment Opportunity and
Employee Dispute Resolution Plan of the United States
District Court for the District of Puerto Rico

Case No. _____

(Designated Employee Office)

COMPLAINT

(Prior to completing this form, please refer to the EEO/EDR Plan for the District of Puerto Rico. Please complete this form legibly.)

1. FULL NAME OF COMPLAINANT: _____
2. MAILING ADDRESS: _____

ZIP+4 _____

3. TELEPHONE: _____ (Home) _____ (Work)
4. IF YOU ARE NOW A COURT EMPLOYEE, STATE JOB TITLE AND GRADE: _____

5. TYPE OF ALLEGED VIOLATION (Check all that apply):

- RACE/ETHNIC GROUP _____
 GENDER (Including Sexual Harassment) _____
 NATIONAL ORIGIN _____
 COLOR _____
 DISABILITY _____
 RELIGION _____
 AGE _____
 OTHER _____

6. DATE OF ALLEGED VIOLATION: _____

7. DATE ON WHICH COUNSELING WAS REQUESTED: _____
DATE ON WHICH COUNSELING WAS COMPLETED: _____
DATE ON WHICH MEDIATION WAS REQUESTED: _____
DATE ON WHICH MEDIATION WAS COMPLETED: _____

8. NAME OF COUNSELOR: _____
NAME OF MEDIATOR: _____

9. PLEASE SUMMARIZE THE EVENTS OR OCCURRENCES GIVING RISE TO YOUR COMPLAINT, AND EXPLAIN HOW YOU BELIEVE YOUR RIGHTS WERE VIOLATED, IDENTIFYING ALL PERSONS WHO PARTICIPATED IN THIS MATTER OR WHO CAN PROVIDE RELEVANT INFORMATION CONCERNING YOUR COMPLAINT. YOU SHOULD ATTACH COPY OF ANY DOCUMENTS RELATED TO YOUR COMPLAINT, SUCH AS APPLICATIONS, RESUMES, NOTICES OF DENIAL OF EMPLOYMENT OR PROMOTION, LETTERS OF REPRIMAND OR TERMINATION, ETC. YOU MUST INCLUDE COPY OF THE WRITTEN NOTICE OF CONCLUSION OF THE MEDIATION

(continues on reverse)

