

FORMAL COMPLAINT UNDER EEO/EDR PLAN

Filed Under the Procedures of the District of Nebraska Equal Employment Opportunity and Employment Dispute Resolution Plan (“District of Nebraska EEO/DER Plan”).

Prior to completing this form, please refer to the District of Nebraska EEO/EDR Plan. 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 District of Nebraska EEO/EDR Plan, all complaints must be filed against an “Employing Office,” not an individual): _____

6. Identify the Chapter(s) of the District of Nebraska EEO/EDR Plan under which your complaint is being filed.
 - G Chapter II - Equal Employment Opportunity & Anti-Discrimination Rights
 - G Race
 - G Color
 - G Religion
 - G Gender/Sex (includes sexual harassment)
 - G National Origin
 - G Age
 - G Disability
 - G Chapter III - Family and Medical Leave Rights
 - G Chapter IV - Worker Adjustment and Retraining Notification Rights
 - G Chapter V - Employment and Reemployment Rights of Members of the Uniformed Services
 - G Chapter VI - Occupational Safety and Health Protections

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