

**FORMAL COMPLAINT FORM**  
**APPENDIX 3**

Submitted under the Procedures of the Eleventh Circuit Court of Appeals Employment  
Dispute Resolution Plan

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: \_\_\_\_\_

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
- Pregnancy
- Sexual orientation
- Religion
- National origin
- Age
- Disability

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

- Race
- Color
- Sex
- Gender
- Gender identity
- Pregnancy
- Sexual orientation
- Religion
- National origin
- Age
- Disability

Abusive Conduct

I have already sought Assisted Resolution for this Abusive Conduct claim.

Provide date Request for Assisted Resolution submitted and concluded, and describe the resolution, if any:

---

---

Retaliation

Uniform Services  
Employment and  
Reemployment Rights

Occupational Safety and  
Health

Whistleblower Protection

Polygraph Protection

Family and Medical  
Leave

Worker Adjustment and  
Retraining

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 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 Plan (*see* EDR Plan § 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: \_\_\_\_\_

EDR Coordinator name: \_\_\_\_\_

EDR Coordinator signature: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

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