

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

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

1. Court, Federal Public Defender's Office, or Bankruptcy Administrator's Office in which you work or with which you interviewed:

\_\_\_\_\_

2. Your full name. You are deemed the Complainant: \_\_\_\_\_

3. The Employing Office will be deemed the Respondent. Name of Employing Office and your position within the above Court, Federal Public Defender's, or Bankruptcy Administrator's Office in which you are employed or applied for employment (e.g., Clerk's Office, Docket Clerk):

\_\_\_\_\_

4. Address of the above Employing Office:

\_\_\_\_\_

For a person alleging a failure to hire claim:

5. The job title of the position you applied for: \_\_\_\_\_

6. Date of interview: \_\_\_\_\_

7. Set out in a brief, several-sentence long narrative below the reasons why you contend the failure to hire you constituted wrongful conduct in violation of the EDR Plan. Please attach additional pages to include further details, but this section must contain a brief narrative.

\_\_\_\_\_

For all other claims

8. Date(s) of alleged incident(s) for which you seek a remedy (*attach additional page as needed*):

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9. Explanation of Claim(s): Set out in a brief, several-sentence long narrative below the actions that you allege to have constituted wrongful conduct and for which you seek relief. Please attach additional pages for a detailed description, but this section must contain a brief narrative.

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10. 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*):

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11. Briefly describe the remedy or corrective action you seek. You may attach additional pages for a more detailed description, but this section must contain a brief summary.

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12. Name(s) of the individual(s) you allege to have engaged in wrongful conduct, as set out in the EDR Plan (*attach additional pages as needed*):

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

- |   |   |
|---|---|
| <input type="checkbox"/> Discrimination based on ( <i>check all that apply</i> ): | <input type="checkbox"/> Harassment based on ( <i>check all that apply</i> ): |
| <input type="checkbox"/> Race   | <input type="checkbox"/> Race   |
| <input type="checkbox"/> Color  | <input type="checkbox"/> Color  |
| <input type="checkbox"/> Sex  | <input type="checkbox"/> Sex  |
| <input type="checkbox"/> Gender   | <input type="checkbox"/> Gender   |
| <input type="checkbox"/> Gender identity  | <input type="checkbox"/> Gender identity                                      |
| <input type="checkbox"/> Pregnancy  | <input type="checkbox"/> Pregnancy  |
| <input type="checkbox"/> Sexual orientation                                       | <input type="checkbox"/> Sexual orientation                                   |
| <input type="checkbox"/> Religion   | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> National origin  | <input type="checkbox"/> National origin                                      |
| <input type="checkbox"/> Age  | <input type="checkbox"/> Age  |
| <input type="checkbox"/> Disability   | <input type="checkbox"/> 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:

- 
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Retaliation        | <input type="checkbox"/> Uniform Services  | <input type="checkbox"/> Occupational Safety  |
| <input type="checkbox"/> Whistleblower      | <input type="checkbox"/> Employment and    | <input type="checkbox"/> and Health           |
| <input type="checkbox"/> Protection         | <input type="checkbox"/> Reemployment      | <input type="checkbox"/> Polygraph Protection |
| <input type="checkbox"/> Family and Medical | <input type="checkbox"/> Rights            | <input type="checkbox"/> Other (describe)     |
| <input type="checkbox"/> Leave              | <input type="checkbox"/> Worker Adjustment |   |
|   | <input type="checkbox"/> and Retraining    |   |

Do you have an attorney or other person who represents you?

- Yes  
Please provide name, mailing address, email address, and phone number(s):

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- 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 court officials administering the Complaint process will protect confidentiality to the greatest 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 \_\_\_\_\_

Complaint reviewed by EDR Coordinator on \_\_\_\_\_

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

EDR Coordinator signature \_\_\_\_\_

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

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