



United States District Court
District of New Mexico

EDR File No.: _____

Complaint
Under the Employment Dispute Resolution Plan

Prior to completing this form, please refer to the Employment Dispute Resolution (EDR) Plan for the District of New Mexico. *This form must be submitted to the EDR Coordinator or Alternate EDR Coordinator within 15 days after notice of the conclusion of the mediation period is sent.* Please attach a copy of your REQUEST FOR COUNSELING form and your REQUEST FOR MEDIATION form. Any notice or communication to be sent will be deemed to have been delivered if it is sent either by (1) certified mail or (2) e-mail, so long as the sender uses a Return Receipt to Confirm option, and receives a Delivery Confirmation Notice in response.

1. Today's Date: _____

2. Name and contact information of Person Filing Complaint:

Name: _____ Home Phone: _____

Work Phone: _____

Home Address: _____ Cell Phone: _____

E-mail Address: _____

3. Name and Contact Information of Employing Office Responding to Complaint:

Name: _____ Phone: _____

Alt. Phone: _____

Address: _____ Alt. Phone: _____

E-mail Address: _____

4. If any of the information supplied in the REQUEST FOR COUNSELING form (attached) or the REQUEST FOR MEDIATION (attached) filed in connection with this EDR matter is no longer accurate or needs to be updated, supplemented or revised, please note the number of the entry on the appropriate form to be changed, and state the changes you wish to make.

5. Please fully describe the incidents or actions giving rise to your complaint. Explain in what way you believe your rights under the EDR Plan were violated. Identify all persons who participated in this matter or who were witnesses or who can otherwise provide relevant information concerning this complaint. Attach additional pages if necessary. Please attach a copy of documents relevant to your Complaint, such as an application or notice of termination.

6. Please identify the EDR claims under which this Complaint is being filed. Select the relevant chapter(s) of the EDR Plan or the Model EEO Policy.

Chapter II -- Anti-Discrimination Rights (specify below)

Race

Color

Religion

Sex (includes Sexual Harassment)

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

Chapter VI -- Occupational Safety and Health Protections

Chapter VII -- Polygraph Tests

Chapter VIII -- Whistleblower Protection

Model EEO Policy

National Origin

Age (at least 40 years old at the time of the alleged discrimination) *

Disability *

* Review Chapter II, § 2, *Special provision for probation and pretrial services officers*

7. Please state the desired corrective action, result, or resolution of each claim listed in your Complaint. Attach additional pages if necessary.

I affirm that the information provided in this Complaint is true and correct to the best of my ability.

Signature of Complainant

EDR Coordinator's Signature

Date of Receipt