

**FORMAL COMPLAINT FORM (APPENDIX 3)**

Submitted under the Procedures of the Ninth Circuit Federal Public Defender  
Organization Employment Dispute Resolution Policy

District: \_\_\_\_\_

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 FPDO from which you seek a remedy:

Your job title/job title applied for: \_\_\_\_\_

Date of interview (*for interviewed applicants only*): \_\_\_\_\_

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
- Gender expression
- Marital status
- Pregnancy
- Parenthood
- Sexual orientation
- Religion
- Creed
- Ancestry
- National origin
- Citizenship
- Genetic information
- Age
- Disability
- Service in the uniformed forces

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

- Race
- Color
- Sex
- Gender
- Gender identity
- Gender expression
- Marital status
- Pregnancy
- Parenthood
- Sexual orientation
- Religion
- Creed
- Ancestry
- National origin
- Citizenship
- Genetic information
- Age
- Disability
- Service in the uniformed forces

Abusive Conduct

Retaliation

Whistleblower  
Protection

Family and Medical  
Leave

Uniform Services  
Employment and  
Reemployment  
Rights

Worker Adjustment  
and Retraining

Occupational Safety  
and Health

Polygraph Protection

Other (describe)

Date on which Assisted Resolution was requested: \_\_\_\_\_

Date on which Assisted Resolution concluded: \_\_\_\_\_

Do you have an attorney 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 Policy (*see* EDR Policy § 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/Director of Workplace Relations on \_\_\_\_\_

EDR Coordinator/Director of Workplace Relations name \_\_\_\_\_

EDR Coordinator/Director of Workplace Relations signature \_\_\_\_\_