



RETALIATORY EMPLOYMENT DISCRIMINATION COMPLAINT FORM

N.C. Gen. Stat. §§ 95-240 et seq.

NC Department of Labor
Retaliatory Employment Discrimination Bureau (Bureau)
1101 Mail Service Center
Raleigh, NC 27699-1101
1-800-625-2267 (Option #4)
1-888-533-0886 (fax)
dol.REDB@labor.nc.gov

COMPLAINT FORM INSTRUCTIONS

- You must file your REDA complaint within 180 days of the last alleged adverse employment action against you or it will be dismissed as untimely.
- You may be required to complete an addendum.
- You must file a separate complaint for each employer that you allege took adverse action against you.
- You must provide the name of the registered agent and registered address of the employer as listed on the NC Secretary of State's website, www.sosnc.gov. If there is no filing with the SOS office, provide the corporate address of the employer.
- The employer(s) will be provided with a copy of your complaint and addendum. You will be provided with a copy of employer's response to your complaint. Both will be redacted in accordance with state and/or federal law.
- Notify the Bureau immediately of any change in street address, email address or telephone number. Your complaint will be dismissed if this office is unable to contact you or you are unresponsive.
- The Bureau will send most documents and letters to you by email instead of first-class or certified mail. Please promptly notify this office of any change to your contact information if you prefer NOT to be contacted by email. **If you have a gmail account, please check your spam folder often as we have learned that for some people, email from this office is being routed to spam folders.**
- The Bureau will NOT return submitted documents or provide "file stamped" copies.

Revised 6.11.2024



RETALIATORY EMPLOYMENT DISCRIMINATION COMPLAINT FORM

N.C. Gen. Stat. §§ 95-240 *et seq.*

Instructions: This form is fillable; or type or print in blue ink, sign and date, and mail it with any attachments to:

**NC Department of Labor, Retaliatory Employment Discrimination Bureau
1101 Mail Service Center
Raleigh, NC 27699-1101**

1-800-625-2267 (Option #4); (888)-533-0886 (fax); dol.REDB@labor.nc.gov

*******THIS COMPLAINT MUST BE FILED WITHIN 180 DAYS OF THE LAST ADVERSE ACTION AGAINST YOU.*******

COMPLAINANT INFORMATION

Your (Complainant's) Name:		Cell:
Street Address:		Home:
City/State:		Alt:
Zip:	E-mail:	

Your Job Title and Brief Description of Job Duties at Time of Alleged Retaliation:

Hire Date:

Date of birth:

THIS COMPLAINT IS AGAINST THE FOLLOWING EMPLOYER

Legal Name of Your Employer (Business or Individual):

D/B/A Name:

Registered Agent/Address as per Secretary of State Website:

Location Where Retaliation Occurred:

Contact Information of Employer's Human Resources Manager/Primary Contact or HR Office:

Name:

Title:

Business Phone:

Email Address:

Type of Business and Principal Product or Service at Your Work Location:

Name of Supervisor at the Time of Alleged Retaliation:

Supervisor's Phone:

Supervisor's Email:

COMPLAINANT'S ALLEGATIONS OF RETALIATION

Describe the Specific Adverse Action(s) Taken Against You By Your Employer:

What was the Exact Date of the Most Recent Adverse Action Against You:

Why do you think the Employer Took This Action Against You? Please Be Specific:

COMPLAINANT'S DECLARATION, CONSENT TO EMAIL COMMUNICATION, AND SIGNATURE

By signing below, I certify that:

- The information I have provided in this complaint and any addendum submitted is true and accurate to the best of my knowledge.
- I have read and understand the instructions on the cover sheet. I understand that I must submit a complaint with an original signature.
- I agree to cooperate fully with the bureau in its investigation of my complaint.
- I consent and agree to receive communication from the bureau by email sent to the address that I have provided below.
- I consent to the use of my email address in lieu of first-class or certified mail notifications except where REDA, the Administrative Rules, or REDB procedures and policies require notification by certified mail.
- I agree to notify the bureau promptly if there is any change in my contact information. If I do not have an email address, I understand that the bureau will contact me at the street address I have provided.
- I understand that if the bureau is unable to reach me or if I fail to respond, my complaint will be dismissed and no further action shall be taken.

Complainant's Name (please print)

Complainant's Signature

Date Signed

Email Address

* The original signed Complaint Form **must** be returned to our office for your complaint to be investigated *

**ADDENDUM TO REDA COMPLAINT
DOMESTIC VIOLENCE/CIVIL NO-CONTACT
N.C. Gen. Stat. §50B and §50C**

Return the form with an ORIGINAL signature to:

Retaliatory Employment Discrimination Bureau
N.C. Department of Labor
1101 Mail Service Center
Raleigh, N.C. 27699-1101

(PLEASE TYPE OR PRINT IN BLACK OR BLUE INK AND INCLUDE ADDITIONAL PAGES AS NEEDED)

1. Your Name: _____
2. Employer Name: _____
3. Your Attorney's Name, if any: _____
Contact Number: _____ Email address: _____
4. What activity did you engage in that you believe is protected by Chapter 50B (Domestic Violence law) or Chapter 50C (Civil No-Contact law)? Be specific.

5. Did you file an action in court for relief under Chapter 50B or 50C? If so, date of filing: _____
Which court? _____ Case File No. _____
6. Did you miss time from work to seek relief under Chapter 50B or Chapter 50C? Yes _____ No _____
If yes, date(s)/hours you missed work: _____
What was the reason that you missed work? _____
7. Did you ask permission from your employer in advance to miss work? Yes _____ No _____
If yes, who did you ask? _____ Title: _____
Was permission granted? Yes _____ No _____ If not, why not: _____
8. If you did not ask permission, why not? _____
9. Identify any witnesses to the conversations in (6) & (7):
Name: _____ Title: _____ Contact info: _____
Name: _____ Title: _____ Contact info: _____
10. What adverse action did your employer take against you? _____
Who notified you of the action? _____ When was the action taken? _____
11. Identify any witness(es) to the employer taking the adverse action against you.
Name: _____ Title: _____ Contact Info: _____

12. Why do you think the employer took this action against you? _____

13. Do you think the adverse action against you was related to you exercising your rights under Chapter 50B or 50C? If yes, why do you think it is related? _____

14. What reason(s) do you think the employer will give for taking the adverse action against you? _____

15. If you think the employer's reason(s) is not true or is not the real reason, explain why it is not true.

16. Provide and/or list any evidence that supports your allegation that the adverse action against you was retaliatory. _____

17. When the adverse action was taken against you, what was:
Your position/title: _____
Average hours/week: _____ Last rate of pay: _____ Shift: _____
18. Does your employer have a written policy for absenteeism? Yes _____ No _____ If yes, what is it? _____

19. If you were terminated, are you interested in returning to work for your employer? Yes _____ No _____
20. If you were terminated, did you apply for unemployment compensation? Yes _____ No _____ N/A _____
What was the outcome? _____
If granted, when did payments begin and end, and what was the weekly benefit? _____

21. Add additional comments here: _____

Please submit any relevant documents that support your allegations with your completed forms, such as: Absentee Policy, Chapter 50B or 50C complaints filed, paystub(s), termination notice, unemployment compensation documents, etc.

I hereby affirm that I have, to the best of my ability and knowledge, provided true and accurate answers to the questions on this Addendum.

Signature: _____ **Date:** _____