RETALIATORY EMPLOYMENT DISCRIMINATION COMPLAINT FORM

Instructions - Revised for 2026 complaint requirements

Before You Complete This Form

Use this form to file a written complaint with the NC Department of Labor, Retaliatory Employment Discrimination Bureau (REDB), alleging retaliation under the Retaliatory Employment Discrimination Act (REDA). A complete complaint must be filed within 180 days of the most recent alleged retaliatory action. If the 180th day falls on a weekend or legal holiday, time is computed under Rule 6.

Important Privacy Note

Page 2 collects the complainant contact information required by statute. It is separated for Bureau use and is not intended to be included in the respondent position-statement packet. The complainant name must still appear in the complaint portion that is sent to the respondent.

A complete REDA complaint must include:

1. Complainant name, phone number, address, and email address, if known.
2. Respondent name and address.
3. Human resources manager or other respondent point of contact: name, phone number, and email address, if known.
4. Complainant supervisor at the time of the alleged retaliatory action: name, phone number, and email address, if known.
5. Identification of the REDA protected activity engaged in before the alleged retaliatory action.
6. Form 18 from any relevant workers' compensation claim, if one exists.
7. A statement of facts outlining the protected activity engaged in before the alleged retaliatory action.
8. A description of the alleged retaliatory action and any relevant facts known to you that would explain a legitimate, nondiscriminatory reason for the adverse employment action.
9. The date of the most recent alleged retaliatory action.
10. The complainant signature.

What REDA generally requires for jurisdiction:

- A timely complaint filed within 180 days of the most recent alleged retaliatory action.
- An employee/employer relationship with the respondent.
- A protected activity recognized by REDA.
- A retaliatory action because of the protected activity. Retaliatory action includes discharge, suspension, demotion, retaliatory relocation, or other adverse employment action in the terms, conditions, privileges, and benefits of employment.

Attachments

Only submit materials requested by this form. Extraneous materials submitted with the complaint may not be considered in the investigation and may be destroyed under REDA. The Bureau will not return submitted documents or provide file-stamped copies.

CONFIDENTIAL COMPLAINANT CONTACT INFORMATION

Internal Bureau Use - Do Not Include in Respondent Packet

Bureau Use

This page contains complainant personal/contact information required for filing and case communication. It is separated from the complaint narrative so it can be withheld from the respondent position-statement packet. The complainant name is repeated on the next page because the respondent must know who filed the complaint.

Complainant full name:

Street address:

City: **State:** **Zip:**

Email address:

Cell phone: **Home phone:**

Alternate phone: **Date of birth (optional):**

Communication preference and consent

☐ I consent to receive REDB communications by email at the email address provided above.

☐ I do NOT prefer email communication. Please contact me by mail when possible.

Third-party filer, if any

☐ Written authorization signed and dated by the complainant is attached, if required.

Keep Contact Information Current

If your address, phone number, or email changes, notify REDB immediately. If REDB cannot contact you or you do not respond, your complaint may be dismissed or administratively closed depending on the circumstances.

REDA COMPLAINT - RESPONDENT COPY BEGINS HERE

Complainant name and complaint allegations may be sent to the respondent

The following pages contain the complaint information that may be forwarded to the respondent for a position statement. Do not include the confidential contact page when preparing the respondent packet.

Complainant and employment information

Complainant name (will be disclosed to respondent):

Your job title at time of alleged retaliation:

Brief description of job duties:

Hire date:

Work location where retaliation occurred:

Respondent/employer information

Legal name of respondent/employer:

D/B/A name, if any:

Respondent mailing address:

Registered agent/address or corporate address:

Type of business/principal service:

Respondent point of contact and supervisor information

HR manager/other point of contact name:

Title:

HR/POC phone:

HR/POC email:

Supervisor name at time of alleged retaliatory action:

Supervisor phone:

Supervisor email:

PROTECTED ACTIVITY INFORMATION

Identify the REDA-protected activity engaged in before the alleged retaliation

Check all protected activity categories that apply

- ☐ NC Workers' Compensation Act
- ☐ Occupational Safety and Health Act of North Carolina
- ☐ Sickle Cell Trait / Hemoglobin C Trait
- ☐ Genetic Testing / Genetic Information
- ☐ Control of Potential Drug Paraphernalia Products
- ☐ Domestic Violence - G.S. 50B-5.5 / G.S. 95-270
- ☐ NC Wage and Hour Act
- ☐ NC Mine Safety and Health Act
- ☐ National Guard Reemployment Rights
- ☐ Pesticide Act / Pesticide Board
- ☐ Authority over Parents of Juveniles
- ☐ Workplace Violence Prevention - G.S. 50C / G.S. 95-270

Workers' Compensation Form 18

☐ A Form 18 exists and is attached. ☐ No Form 18 exists. ☐ Not applicable.

Statement of protected activity facts

Describe what you did or threatened to do before the alleged retaliatory action. Include dates, who was involved, who knew about it, and how it relates to the category or categories checked above.

RETALIATORY ACTION AND KNOWN FACTS

Describe the adverse employment action and any known employer explanation

Alleged retaliatory action

☐ Discharge/termination ☐ Suspension ☐ Demotion ☐ Retaliatory relocation

☐ Other adverse employment action affecting terms, conditions, privileges, or benefits of employment

Exact date of the most recent alleged retaliatory action:

Describe the specific adverse employment action(s):

Explain why you believe the action was taken as a result of your protected activity?

Known legitimate, nondiscriminatory reason information

State any relevant facts known to you that would explain a legitimate, nondiscriminatory reason for the adverse employment action. For example: attendance, performance, policy violation, reduction in force, loss of certification, misconduct allegation, or another reason the employer gave or may give. If none is known, write "none known."

DECLARATION, CONSENT, AND SIGNATURE

A signature is required for a complete complaint

Certification

1. The information I have provided in this complaint is true and accurate to the best of my knowledge.
2. I understand that the Bureau may request additional information if this complaint is incomplete or unclear.
3. I understand that only a complete complaint containing the required information will be considered filed under REDA.
4. I agree to cooperate with the Bureau in its review and investigation of my complaint.
5. I agree to notify the Bureau promptly if my contact information changes.
6. I understand that extraneous materials submitted with the complaint may not be considered and may be destroyed under REDA.
7. I understand that if I withdraw my complaint, no right-to-sue letter will be issued.

Complainant name (print):

Complainant signature: **Date signed:**

Email address for Bureau communication:

Submission information

Submit the completed form by email, mail, or through the Department website if available. Keep a copy for your records. Do not submit original documents unless specifically requested. This form does not provide legal advice.

Where to send the form

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