



## 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](http://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 \*

**RETURN COMPLETED FORM WITH ORIGINAL SIGNATURE TO:**  
**N.C. Department of Labor**  
**Retaliatory Employment Discrimination Bureau**  
**1101 Mail Service Center, Raleigh, NC 27699-1101**

**ADDENDUM TO COMPLAINT (OSH CASE)**

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

Complainant Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Telephone number(s): (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

1. Employer: \_\_\_\_\_  
Corporate Name, if different, e.g. D/B/A: \_\_\_\_\_  
Corporate Address: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_

2. Your Position/Job Title: \_\_\_\_\_  
Duties/Responsibilities: \_\_\_\_\_  
Last Rate of Pay: \_\_\_\_\_ Shift Worked: \_\_\_\_\_  
Average number of hours you worked each week: \_\_\_\_\_  
Last Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Were/are you a member of a union at your employer's place of business? Yes\_\_ No\_\_  
If yes, was/is there a Collective Bargaining Agreement ("CBA")? Yes\_\_ No\_\_ Unknown\_\_  
If yes, does the CBA require arbitration of all disputes? Yes\_\_ No\_\_ Unknown\_\_  
**If yes, and you have a copy, please provide a copy of the arbitration provision only.**

4. (a) Specifically describe what adverse employment action was taken against you (i.e. terminated, suspended, demoted)? **Example: I was suspended for 2 days and then fired** \_\_\_\_\_

(b) What was the exact date of the above adverse employment action? \_\_\_\_\_

(c) In your opinion, why did your employer take adverse action against you? Be specific. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(d) What will the employer say is the reason the adverse action was taken against you? Be specific. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(e) Do you think *the employer's reason(s)* for the action(s) taken against you is/are not the real reason? If not, please explain why you think that. Be specific. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(f) Did the employer give you anything in writing about the adverse action against you? If yes, do you have a copy that you can provide to this office?  
Yes\_\_\_ No\_\_\_ **If yes, please provide a copy when you return this questionnaire.**

5. Did you make any safety or health complaint ***to your employer?*** Yes\_\_\_ No\_\_\_  
**If yes, please answer (a) through (d) below:**

(a) When did you complain? \_\_\_\_\_

(b) To whom did you complain? Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

(c) What did you complain about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Did anyone hear you complain to the person(s) named above? Yes\_\_\_ No\_\_\_  
If yes, what is this person(s) name and telephone number (*including area code*)?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you made multiple complaints, please attach an additional sheet and answer (a)-(d) for each complaint.**

6. Did you file a safety or health complaint(s) with federal OSHA or OSHA NC? Yes\_\_\_ No\_\_\_  
**If yes, please answer (a) through (e) below:**

(a) When did you file a safety/health complaint? \_\_\_\_\_  
Did you file it before or after the adverse action against you? Before \_\_\_\_\_ After \_\_\_\_\_  
If after, why did you wait to file a complaint? \_\_\_\_\_  
\_\_\_\_\_

(b) To what agency and which office of the agency (include phone number) did you complain:  
\_\_\_\_\_  
\_\_\_\_\_

(c) What did you complain about? Be specific.  
\_\_\_\_\_  
\_\_\_\_\_

(d) Does anyone at work know that you filed a complaint? Yes\_\_\_ No\_\_\_ I don't know \_\_\_  
If yes, please list his/her (s) name(s) and telephone number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) Does your employer or any management official know or suspect that you filed a safety/health complaint? Yes\_\_\_ No\_\_\_ I don't know \_\_\_  
If yes, why do you think that they know or suspect that you filed a complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(f) Did OSHA conduct an inspection at your work site? Yes\_\_\_ No\_\_\_ I don't know \_\_\_  
If yes, what was the date of the inspection, and its outcome? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Did you refuse to do a work assignment because of your safety or health concern? Yes\_\_\_ No\_\_\_  
**If yes, please answer (a) through (g) below.**

(a) Describe what assignment you refused to do and WHY you refused to do it:  
\_\_\_\_\_  
\_\_\_\_\_

- (b) To whom did you voice your refusal? Name: \_\_\_\_\_ Job Title: \_\_\_\_\_
- (c) When did you refuse the job assignment? Date: \_\_\_\_\_ Time: \_\_\_\_\_
- (d) Had you done this work assignment before? Yes\_\_\_ No\_\_\_
- (e) Did you call OSHA before you refused to do the work assignment? Yes\_\_\_ No\_\_\_  
If no, why not? \_\_\_\_\_
- (f) Were you offered other work to do? Yes\_\_\_ No\_\_\_ If yes, what was it? \_\_\_\_\_  
Did you perform this other work that was offered? Yes\_\_\_ No\_\_\_ If no, why not: \_\_\_\_\_
- (g) Did you ask your supervisor if you could perform another task rather than the one you refused?  
Yes\_\_\_ No\_\_\_ If yes, what happened? \_\_\_\_\_

8. Does this safety/health issue involve commercial motor vehicle safety? Yes\_\_\_ No\_\_\_

**If yes, please answer (a) through (g) below:**

- (a) Does the vehicle have a gross weight rating or gross vehicle weight of 10,001 or more pounds?  
Yes\_\_\_ No\_\_\_ I don't know\_\_\_
- (b) Is the vehicle designed to haul more than 10 passengers, including the driver?  
Yes\_\_\_ No\_\_\_ I don't know\_\_\_
- (c) Does the vehicle haul any hazardous materials that require a placard?  
Yes\_\_\_ No\_\_\_ I don't know\_\_\_
- (d) Is the vehicle owned by any city, county, state, or other governmental agency?  
Yes\_\_\_ No\_\_\_ I don't know\_\_\_
- (e) Is the vehicle driven on interstate highways or roads leading to interstate highways?  
Yes\_\_\_ No\_\_\_ I don't know\_\_\_
- (f) Is the vehicle driven across state lines?  
Yes\_\_\_ No\_\_\_ I don't know\_\_\_
- (g) Does the vehicle contain passengers, cargo or fuel from out-of-state?  
Yes\_\_\_ No\_\_\_ I don't know\_\_\_

9. Was the regular place that you worked located on a *military installation or Indian reservation*?  
Yes\_\_\_ No\_\_\_

10. List below the names and telephone numbers (*including area code*) of witnesses who can support your retaliation or discrimination complaint (*be sure to print clearly*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you think the employer took adverse employment action against you **BECAUSE** you *complained about a safety/health issue*? Why or why not? Do you have evidence or other information to support this conclusion? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. If your employment was terminated, are you interested in returning to work for your previous employer? Yes\_\_\_ No\_\_\_ N/A (not terminated)\_\_\_

13. a. **BEFORE** you complained about a safety/health issue, had you been disciplined by your employer for any reason? Yes \_\_\_ No \_\_\_\_\_

**If yes, please describe:**

Date of Action                      Kind of Discipline                      Reason for the Disciplinary Action

---

---

**b. AFTER** you complained about a safety/health issue, were you disciplined at work (i.e. warned, counseled or written up) for any reason? Yes\_\_ No\_\_

**If yes, please describe:**

Date of Action                      Kind of Discipline                      Reason for the Disciplinary Action

---

---

**14. a.** If you were terminated, did you file for unemployment compensation with the North Carolina Division of Employment Security? Yes\_\_ No\_\_ N/A (not terminated)\_\_\_

If yes, what was the final outcome of your unemployment claim (For example: benefits granted, benefits denied, under appeal) \_\_\_\_\_

**(Please provide a copy.)**

**b.** If you filed for unemployment, have you received any unemployment payments? Yes \_\_No\_\_  
If yes, when did payments begin and end and how much did you receive each week, and in total?

---

**15.** Have you had any other jobs since your termination? Yes \_\_\_ No \_\_\_ N/A (not terminated)\_\_\_

**a.** If yes, please give a complete listing of all jobs that you have had since your termination.

Include for each job: your date of employment and separation (if applicable), your rate(s) of pay, and the average number of hours worked per week. \_\_\_\_\_

---

---

**b.** If you have not had any other jobs since termination, why not? \_\_\_\_\_

---

---

**16.** What amount of money in *actual* economic loss (i.e. lost wages) have you suffered as a result of the action taken against you by the employer? **Please note**, you must be able to *document or prove* any actual economic loss attributable to the action taken against you by the employer.

---

---

---

---

***I hereby affirm that the above answers I have provided are true and accurate to the best of my knowledge and belief. I understand that my answers are necessary to help the Retaliatory Employment Discrimination Bureau of the North Carolina Department of Labor determine whether the employer's action against me may have violated the North Carolina Retaliatory Employment Discrimination Act (REDA). I understand that it is my responsibility to promptly notify the NCDOL at such time(s) as my contact information changes and understand that failure to do so may result in the dismissal of my complaint. I also understand that my employer will be provided with a copy of this Addendum to Complaint.***

**Original Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_