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)
dol.REDB@labor.nc.gov

COMPLAINT FORM INSTRUCTIONS

- All of the following MUST be present for this Bureau to have statutory jurisdiction to investigate your case:

  1) Your REDA complaint must be filed within 180 days of the last alleged adverse employment action taken against you, or it will be dismissed as untimely.

  2) You must have an employee/employer relationship with the person or business you are filing a complaint against. This Bureau does not have jurisdiction to investigate complaints filed by independent contractors.

  3) You must have engaged in a REDA protected activity.

  4) There must have been a retaliatory action (adverse action) ***because*** you engaged in a REDA protected activity. Retaliatory action is defined in the statute as the discharge, suspension, demotion, retaliatory relocation of an employee, or other adverse employment action taken against an employee in the terms, conditions, privileges, and benefits of employment.

  - *Please note that resignation or constructive discharge have not been recognized as adverse/ retaliatory actions for REDA purposes by NC courts.*

  If all of the above are not present, this Bureau will not have the jurisdiction to investigate your complaint, and it will be screened out. If your complaint is screened out and cannot be filed under the provisions or REDA, you may still have grounds to file an effective civil suit.

- You will 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 or 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, evidence, or provide "file stamped" copies.

RETALIATORY EMPLOYMENT DISCRIMINATION COMPLAINT FORM

N.C. Gen. Stat. §§ 95-240 *et seq*.

Instructions: This form is fillable; or type or print, 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); 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 PROTECTED ACTIVITY

Please check the box(es) of the alleged protected activity(ies) you were engaged in ***prior to*** the retaliation/adverse action:

☐ NC Workers' Compensation Act

☐ NC Wage and Hour Act

☐ Occupational Safety and Health Act of North Carolina

☐ NC Mine Safety and Health Act

☐ Discrimination against any person possessing sickle cell trait or hemoglobin C trait prohibited

☐ National Guard Reemployment Rights

☐ Discrimination against persons based on genetic testing or genetic information prohibited

☐ Pesticide Board

☐ Control of Potential Drug Paraphernalia Products

☐ Authority over Parents of Juveniles Adjudicated Delinquent or Undisciplined

☐ Domestic Violence (*obtaining, attempting to obtain or attending court proceedings under NCGS 50B-5.5, 95-270*)

☐ Workplace Violence Prevention (*obtaining, or attempting to obtain, or attending a court proceeding under NCGS 50C, 95-270)*

Please explain the actions you engaged in under the applicable protected activity(ies) you marked above-----

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 or electronic 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.
- 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 or electronic signed Complaint Form **must** be returned to our office for your complaint to be investigated *

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

File No. _____

ADDENDUM TO COMPLAINT (W&H)

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

Full Name: _____
Home Address: _____
Mailing Address (if different): _____
Telephone number(s): _____

1. Employer: _____
   Date of Hire: _____
   Date of Separation: _____

2. Position/Job Title: _____
   Last Rate of Pay: _____
   Shift Worked: _____
   Average number of hours you worked each week: _____
   Last Supervisor: _____

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") in place? Yes ___ No ___
   Unknown ___
   If "Yes", Does the CBA contain a provision that requires arbitration of all disputes?
   Yes ___ No ___ Unknown ___
   [If "Yes" and you have a copy, please provide to us ***only*** a copy of this provision.]

4. You have indicated in your complaint with this office that you raised an issue with your employer about something protected by the North Carolina Wage and Hour Act. Please provide specific information about the wage and hour issue that you raised with your employer, including THE SPECIFIC wage and hour issue that you complained or inquired about: _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

5. Did you ever specifically complain or make an inquiry to anyone *in management* about the above-noted wage and hour issue? Yes No ___ If Yes, please answer questions **a, b, and c** below. If No, please go to Question #6.

a. On what date(s) and to whom did you complain or inquire about a wage and hour issue?

_____
_____
_____
_____
_____

b. How did you complain or make your inquiry (for example: talked to someone about it, complained in writing, etc.)? _____
_____
_____

c. Did anyone else hear your complaint or inquiry?
Yes ___ No ___ N/A (complained in writing) ___
If Yes, please fully identify any witnesses (including mailing address and home telephone number): _____
_____
_____

6. *While you were still employed with this employer*, did you file a complaint with any government agency about a wage and hour issue? Yes ___ No ___
If Yes, please answer questions **a, b, and c** below. If No, please go to Question #7.

a. What agency did you file a complaint with and when did you file your complaint?
_____

b. As a result of your complaint, was an investigation conducted to look in to your complaint?
Yes ___ No ___ I don't know ___

c. Did the investigation substantiate or prove your complaint?
Yes ___ No ___ I don't know ___

7. What *adverse employment action* did the employer take against you because you complained or inquired about a wage and hour issue? [PLEASE NOTE: adverse employment action as used in this question and the following questions means some type of negative action taken against you by the employer (such as being fired, demoted, or having your pay reduced.)] _____
_____
_____

8. On what date was the adverse employment action taken against you? _____

9. How were you notified of the adverse employment action (in person or by letter)? _____
If in person, who notified you of the adverse action? _____

10. Were there any witnesses to you being notified of the adverse employment action?
Yes ___ No ___ N/A (notified by letter) ___
If Yes, please provide their names, current address, and telephone number:
_____
_____
_____

11. a. What reason(s) do you think the employer will give us as to why it took the *adverse employment action* against you? _____

_____

_____

b. If the employer's explanation for the adverse employment action against you is not true, tell us why it is not true and identify any evidence or witnesses that you have to support your position. __

_____

_____

_____

12. Why do you think an adverse employment action was taken against you BECAUSE you complained or inquired about a *wage and hour issue*? _____

_____

_____

13. What evidence do you have to support your claim that an adverse employment action was taken against you BECAUSE you complained or inquired about a *wage and hour issue*?

_____

_____

_____

_____

_____

14. a. **BEFORE** you complained or inquired about a wage and hour issue, did you ever receive any kind of disciplinary action at work (i.e. warned, counseled, written up) for any reason?
Yes ___ No ___ If Yes, please list:

Date of Action	Kind of Discipline	Reason for the Disciplinary Action

_____

_____

_____

b. AFTER you complained or inquired about a wage and hour issue, did you ever receive any kind of disciplinary action at work (i.e. warned, counseled or written up) for any reason?
Yes ___ No ___ If Yes, please list:

Date of Action	Kind of Discipline	Reason for the Disciplinary Action

_____

_____

_____

15. a. *After* your termination/separation, did you file for unemployment compensation with the Employment Security Commission of North Carolina? 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, What dates did payments begin and end and how much did you receive each week?

_____

_____

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

17. 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. Be sure to 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 **No**, Why not? _____

_____

18. 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 alleged actual economic loss attributable to the action taken against you by the employer.

_____

_____

_____

_____

_____

_____

19. Please state any other information you would like to report which you believe supports your position that an adverse employment action was taken against you because you complained or inquired about a wage and hour issue: _____

_____

_____

_____

_____

_____

_____

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.

Signature (required) _____ ***Date*** _____