NC Department of Labor

Retaliatory Employment Discrimination Bureau

RESPONDENT QUESTIONNAIRE

Instructions and Purpose

Use this fillable questionnaire to provide Respondent information, identify any position statement or affirmative defenses, and identify documents or witnesses relevant to the REDA complaint. REDA allows a respondent to submit a position statement outlining affirmative defenses within seven (7) days of receipt of the complaint. REDB may initiate or continue the investigation whether or not a position statement is submitted.

Please answer based on records and personal knowledge available to Respondent. Attach copies of documents relied upon, such as written discipline, policies, payroll records, schedules, termination notices, emails, attendance records, or other records supporting the response. Do not send original documents unless specifically requested.

This questionnaire uses the statutory phrase "retaliatory action" as defined in N.C. Gen. Stat. § 95-240(2): discharge, suspension, demotion, retaliatory relocation, or other adverse employment action taken against an employee in the terms, conditions, privileges, and benefits of employment. Respondent may dispute that any alleged action occurred or that any action was retaliatory.

Case Information

REDB File No.

Complainant Name

Respondent Legal Name

Date Received by Respondent

Date Completed

Completed By / Title

Respondent Contact for this Complaint

Primary Contact Name

Title

Email Address

Business Telephone

Cell / Alternate Phone

Mailing Address

Position Statement / Affirmative Defenses Summary

Briefly summarize Respondent's position, defenses, and facts that explain the employment action.

Document Attachment Checklist

☐ Written discipline / corrective action

☐ Attendance records

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I. Business Information

Corporation / Business Name

DBA Name

NAICS Code

Business Type:

☐ Public Entity / Nonprofit ☐ Corporation ☐ LLC / PLLC

☐ Partnership / LLP ☐ Sole Proprietor ☐ Other

Mailing Address

City, State, Zip

Business Contact Name

Job Title

Email Address

Business Telephone

Cell / Alternate Number

Fax Number

Website

II. Secretary of State Information

Is the business registered with the NC Secretary of State? ☐ Yes ☐ No

Registered Agent Name

Registered Agent Telephone

Registered Agent Address

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III. Change in Business Status

The business is currently:

☐ Open ☐ Closed

If closed, closure date

Is closure permanent?

Has business been dissolved?

Has there been a change of ownership since the alleged retaliatory action?

☐ Yes ☐ No

If yes, date of change

Name of new owner

Has new owner assumed liabilities?

IV. Respondent Bankruptcy Information, if Applicable

Case Number

Last 4 SSN / Tax ID

Bankruptcy Court

Date of Filing

Attorney Name

Attorney Telephone

Attorney Email

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V. Complainant Work Information

Complainant Name

Current or Former Worker?

Hire Date

Separation Date

Separation Type

Job Title at Time of Alleged Action

Type of engagement:

☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal

☐ Other

Type of pay:

☐ Salary ☐ Hourly wage ☐ Commission ☐ Per job

☐ Other

Rate of Pay

Pay Frequency

Taxes Withheld? Yes/No

Supervisor at Time of Alleged Action

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Detailed Job Duties and Skills

Detailed description of individual job duties:

Special skills, certifications, law-enforcement duties, custody/security duties, or other requirements:

VI. Employer / Employee Relationship

Respondent contends the complainant was an:

☐ Employee ☐ Independent Contractor ☐ Other

Was the work done pursuant to a written agreement or contract?

☐ Yes ☐ No

If Respondent contends the complainant was not an employee, explain the basis and attach supporting documents.

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VII. Alleged Protected Activity Category

Check any category alleged in the complaint or known to Respondent. Checking a box does not admit the activity occurred or was protected; it identifies the category being addressed in the response.

- ☐ Workers' Compensation Act
- ☐ NC Occupational Safety and Health Act
- ☐ Sickle Cell / Hemoglobin C Trait
- ☐ Genetic Testing / Information
- ☐ Drug Paraphernalia Control
- ☐ Domestic Violence - Chapter 50B
- ☐ Other / unclear
- ☐ Wage and Hour Act
- ☐ Mine Safety and Health Act
- ☐ National Guard Reemployment Rights
- ☐ Pesticide Act
- ☐ Juvenile Justice System
- ☐ Workplace Violence Prevention - Chapter 50C

VIII. Timing

Date of alleged protected activity	Date Respondent first learned of it	Date of alleged adverse action

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IX. Respondent Knowledge of Alleged Protected Activity

Did the complainant tell a supervisor, manager, HR representative, decision-maker, or other employee about the alleged protected activity?

Answer: ☐ Yes ☐ No ☐ Unknown

Person(s) allegedly told	Title / Relationship	Approx. Date(s)

What did the complainant say, file, report, request, threaten to do, testify about, or provide information about?

Did the person who made or recommended the alleged adverse action know of the protected activity before the action?

Answer: ☐ Yes ☐ No ☐ Unknown

Decision-maker Name	Decision-maker Title	How / when did decision-maker learn?

Identify witnesses or documents showing Respondent knew or did not know about the alleged protected activity.

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X. Prior Employee Discipline / Performance History

List discipline, corrective action, documented performance concerns, attendance issues, policy violations, or similar matters involving the complainant before the alleged adverse / retaliatory action. Attach supporting documents if available.

Date	Reason / Issue	Document Available? / Notes

XI. Alleged Adverse / Retaliatory Action

Identify the employment action(s) alleged or taken. This list tracks the statutory definition of retaliatory action in N.C. Gen. Stat. § 95-240(2).

- ☐ Discharge / termination
- ☐ Suspension
- ☐ Demotion
- ☐ Retaliatory relocation / reassignment
- ☐ Reduction in pay, hours, benefits, or privileges
- ☐ Other action affecting terms, conditions, privileges, or benefits of employment

Date of Action	Decision-maker(s)	Action Effective Date	Was pay affected?

Describe the action taken and the business/personnel process used.

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XII. Legitimate, Non-Discriminatory Reason (LNDR)

State Respondent's legitimate, non-discriminatory reason(s) for the alleged adverse / retaliatory action. Identify the specific rule, policy, business need, performance issue, conduct, attendance issue, safety concern, staffing need, or other reason relied upon.

Is evidence available to support the stated reason(s)? ☐ Yes ☐ No ☐ Unknown

Identify documents, records, policies, or witnesses that support the stated reason(s).

XIII. Documents / Evidence Provided or Available

List documents attached or available. Examples include written policies, discipline, attendance records, payroll records, schedules, emails/texts, incident reports, Form 18 or workers' compensation records, safety records, or other documents.

Document / Evidence	Attached?	What it shows / relevance

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XIV. Witnesses With Relevant Knowledge

List people with knowledge about the alleged protected activity, Respondent knowledge, the alleged adverse action, the stated legitimate reason, or prior discipline/performance issues.

Name	Title / Relationship	Phone / Email	Relevant Knowledge

XV. Additional Context

Provide any additional context REDB should know when reviewing Respondent's position.

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XVI. Certification and Submission

By signing below, the person completing this questionnaire certifies that the information provided is true and accurate to the best of their knowledge and that any attached documents are true and correct copies of records available to Respondent. If additional information becomes available, Respondent may supplement this response by contacting the assigned REDB investigator.

Name of Person Completing Form

Title / Relationship to Respondent

Date

Email Address

Telephone Number

Mailing Address

Signature: _____

REDB Internal Use Only

Date Received

Received By

Uploaded to OnBase

Investigator

Internal notes: