



## 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 \*