



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**

(888)-533-0886 (fax)

*******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 *