



## 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](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 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 \*