

**COMPLAINT UNDER EDR PLAN - Form 3**

**Submitted Under the Procedures of the Employment Dispute Resolution for the Southern District of Florida**

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**Prior to completing this form, please refer to the Employment Dispute Resolution Plan for the Southern District of Florida.**

**This form must be submitted no later than 15 days after receiving notice of the end of the mediation period. Please attach a copy of the completed REQUEST FOR CONSULTATION FORM and the REQUEST FOR MEDIATION FORM filed in connection with this matter. Please submit this form and all attachments to your court's EDR Coordinator.**

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1. Date Submitted: \_\_\_\_\_
  2. Full Name of Person Filing Complaint: \_\_\_\_\_
  3. a. Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  3. b. Home Phone: \_\_\_\_\_ 3.c. Work Phone: \_\_\_\_\_
  4. a. Are you a current court/office employee?  YES  NO
  4. b. Are you a former court/office employee?  YES  NO
  4. c. Are/were you an applicant for a court/office position?  YES  NO
  5. Name and address of the Employing Office against which this complaint is filed (under the terms of the court/office's EDR Plan, all complaints must be filed against an "Employing Office," not against an individual:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  6. Identify the chapters/sections of the EDR Plan under which your complaint is being filed.
    - Chapter II - Equal Employment Opportunity and Anti-discrimination Rights
      - Race
      - Color
      - Religion
      - Gender/Sex (includes sexual harassment)
      - National Origin
      - Age
      - Disability
    - Chapter III - Family and Medical Leave Rights
    - Chapter IV - Worker Adjustment and Retraining Notification Rights
    - Chapter V - Employment and Reemployment Rights of Members of the Uniformed Services
    - Chapter VI - Occupational Safety and Health Protections
  7. Date(s) of alleged violation:  
\_\_\_\_\_
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8. a. Date on which consultation was requested: \_\_\_\_\_  
 b. Date on which consultation was completed: \_\_\_\_\_  
 c. Date on which mediation was requested: \_\_\_\_\_  
 d. Date on which mediation was concluded: \_\_\_\_\_

9. Name of person who served as counselor on this matter: \_\_\_\_\_

10. Name of person who served as mediator on this matter: \_\_\_\_\_

11. Please summarize the actions or occurrences giving rise to your complaint. Explain in what way you believe your rights under the EDR Plan were violated. Identify all persons who participated in this matter or who can provide relevant information concerning your complaint. (If there is insufficient space below, you may attach additional pages.)

\_\_\_\_\_  
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(Please attach copies of any documents that relate to your complaint, such as an application form, resume, letters, notices of discipline or termination, including copies of the completed REQUEST FOR CONSULTATION and the REQUEST FOR MEDIATION forms.)

12. What remedy do you seek from your complaint?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Do you have an attorney or any other person who represents you in this matter?  YES  NO  
 If yes, please provide the following information concerning that individual:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned hereby affirms, under penalty of perjury, that each and all of the foregoing statements are true and correct to the best of my knowledge, information or belief and agrees to cooperate to the fullest extent reasonably possible with further efforts to investigate and determine matters raised by this complaint.

\_\_\_\_\_  
 Signature of Complainant

\_\_\_\_\_  
 Date