

COMPLAINT UNDER EDR PLAN

Submitted under the Procedures of
the Employment Dispute Resolution Plan
for the Southern District of Mississippi

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

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 COUNSELING 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.

Date Complaint Submitted:	
Full Name of Complainant:	

	Name and Title	Court Unit
1. Name of person (s) alleged to have violated your rights under the Court's EEO/EDR Plan		

2. Include a brief and plain statement of the violations of your rights under the Court's EEO/EDR plan that you believe occurred. **Do not include any claims you did not pursue in mediation.** (Attach additional sheets if needed.)

Attach copies of any documents that relate to your complaint, such as application form, resume, letters, notices of discipline or termination, as well as copies of the completed REQUEST FOR COUNSELING and REQUEST FOR MEDIATION forms.)

Name: _____

3. What relief or remedies do you seek?

4. Date(s) of alleged violation	
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5. Date on which counseling was requested:	
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6. Date on which counseling concluded:	
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7. Date on which mediation was requested:	
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8. Date on which mediation concluded:	
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9. Do you have an attorney or any other person who represents you in this matter?	
If yes, provide name, address, phone numbers for that person	

I affirm that the information provided in this complaint is true and correct to the best of my knowledge.

Signature of Complainant

Date