

**FORM TO BE USED BY PLAINTIFFS IN FILING A COMPLAINT
UNDER THE EQUAL EMPLOYMENT OPPORTUNITY ACT, 42 U.S.C. Chapter 21,
Subchapter VI**

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
_____ DIVISION

_____)	
)	
Plaintiff,)	
)	
v.)	Civil Action No.: _____
)	(To be assigned by Clerk of District Court)
)	
_____)	
_____)	Jury Trial: Yes No
)	(circle one)
Defendant(s).)	
(Enter the full name(s) of ALL parties in this lawsuit.)	
Please attach additional sheets if necessary).)	

COMPLAINT

1. State the full name of the Plaintiff, address and telephone number.

Name: _____

Address: _____

Telephone Number: _____

2. List all Defendants. State the full name of the Defendant, even if that Defendant is a government agency, an organization, a corporation, or an individual. Include the address where each Defendant may be served. Make sure that the Defendant(s) listed below are identical to those contained in the above caption of the complaint.

- a. Defendant No. 1

Name: _____

Address: _____

b. Defendant No. 2

Name: _____

Address: _____

NOTE: IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.

Check here if additional sheets of paper are attached:

Please label the attached sheets of paper to correspond to the appropriate numbered paragraph above (e.g. Additional Defendants 2.c., 2.d., etc.).

3. On what day were you discharged from employment or otherwise affected by the alleged unlawful employment practice(s) of the defendant(s) above?

4. On what day was your complaint filed with the Equal Employment Opportunities Commission?

5. What action did the Commission or its representatives take in regard to your complaint?

6. If no action was taken or if your complaint was dismissed by the Commission, did you receive notice from the Commission within 180 days of the date listed in 4. above, of your right to bring a civil action to correct the alleged unlawful employment practice(s)?

7. If the answer to 6. is yes, has 90 days passed since your receipt of the notice described in 6.?

8. Has any action been brought in any state court or in any other federal court concerning the alleged unlawful employment practice(s) of the above defendant(s)?

If your answer to 8. is yes, describe the action in the spaces below.

a. Parties to the action:

b. Court (if federal court, give district; if state court, name the city or county):

c. Docket Number: _____

d. Judge's Name: _____

e. Is the case still pending: _____ If not, what was the ruling? _____

Was the case appealed? _____

If more than one action has been filed, please provide this information on a separate sheet of paper and label this information as paragraph 8.f., etc. Check here if additional sheets of paper are attached:

9. Are there any state or local agencies presently making active efforts to obtain a voluntary end to the alleged unlawful employment practice?

Yes

No

I DON'T KNOW

If yes, please describe which agencies are involved and whether their efforts are being undertaken on your behalf?

On the remainder of this form, please answer the questions relating to your problems with the defendant(s) and, if necessary, include additional sheets of paper in order to fully explain the facts beyond your complaint.

A. What was or is your employer? _____

B. What individuals were involved in your discharge or other unlawful practice about which you are complaining? (Also explain what position each individual held, what that individual did that affected you, and about which you are complaining?)

C. If you were fired, what reasons were given for your discharge?

If you disagree with those reasons, what do you think were the real reasons?

D. Does your employer have a grievance procedure to use when employees are unhappy about actions taken against them? _____

E. If so, did you file a grievance with your employer?

If you did, what action was taken? _____

If yes, for how long?

H. What relief do you want from this court? For example:

Do you want your job back?

Have you suffered any damages? _____

If so, how much? _____

OTHER:

Attach additional sheets of paper as necessary and label this information as paragraph I, etc. Check here if additional sheets of paper are attached.

Signature of Plaintiff _____

VERIFICATION

State of _____

County of _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this ____ day of _____, _____.

Signature of Plaintiff _____