**APPENDIX 2**

**REQUEST FOR ASSISTED RESOLUTION**

**\***Use of Assisted Resolution Does Not Extend The 180-Day Deadline to File a Formal Complaint Unless the Deadline is Extended Under EDR Plan § Iv.C.3.A**\***

Submitted under the Procedures of the Fifth Circuit Employment Dispute Resolution Plan Court: Texas Western

Full name of person submitting the form:

Your mailing address:

Your email address:

Your phone number(s):

Office in which you are employed or applied to:

Name and address of Employing Office from which you seek assistance (*if the matter involves a judge or chambers employee, the Employing Office is the Court*):

Your job title/job title applied for:

Date of interview (*for interviewed applicants only*):

Date(s) of alleged incident(s) for which you seek Assisted Resolution:

Summary of the actions or occurrences for which you seek Assisted Resolution (attach

additional pages as needed):

Names and contact information of any witnesses to the actions or occurrences for which you seek Assisted Resolution:

Describe the assistance or corrective action you seek:

Alleged Wrongful Conduct for which you seek Assisted Resolution (*check all that apply*):

[ ] Discrimination based on (*check all that apply*):

[ ] Race

[ ] Color

[ ] Sex

[ ] Gender

[ ] Gender identity

[ ] Pregnancy

[ ] Sexual orientation

[ ] Religion

[ ] National origin

[ ] Age

[ ] Disability

[ ] Harassment based on (*check all that apply*):

[ ] Race

[ ] Color

[ ] Sex

[ ] Gender

[ ] Gender identity

[ ] Pregnancy

[ ] Sexual orientation

[ ] Religion

[ ] National origin

[ ] Age

[ ] Disability

[ ] Abusive Conduct

[ ] Retaliation

[ ] Whistleblower Protection

[ ] Family and Medical Leave

[ ] Uniform Services Employment and Reemployment Rights

[ ] Worker Adjustment and Retraining

[ ] Occupational Safety and Health

[ ] Polygraph Protection

[ ] Other (describe)

Do you have an attorney or other person who represents you?

[ ]  Yes

Please provide name, mailing address, email address, and phone number(s):

[ ] No

**I acknowledge** that this Request will be kept confidential to the extent possible, but information may be shared to the extent necessary and with those whose involvement is necessary to resolve this matter, as explained in the EDR Plan (*see* EDR Plan § IV.B.1).

Your signature

Date submitted

Request for Assisted Resolution reviewed by EDR Coordinator/Circuit Director of

Workplace Relations on:

EDR Coordinator/Circuit Director of Workplace Relations name:

EDR Coordinator/Circuit Director of Workplace Relations signature:

Local Court Claim ID (Court Initials–AR–YY–Sequential Number:

**APPENDIX 3**

**FORMAL COMPLAINT FORM**

Submitted under the Procedures of the Fifth Circuit Employment Dispute Resolution Plan

Court:

Full name of person submitting the form:

Your mailing address:

Your email address:

Your phone number(s):

Office in which you are employed or applied to:

Name and address of Employing Office from which you seek assistance (*if the matter involves a judge or chambers employee, the Employing Office is the Court*):

Your job title/job title applied for:

Date of interview (*for interviewed applicants only*):

Date(s) of alleged incident(s) for which you seek Assisted Resolution:

Summary of the actions or occurrences for which you seek Assisted Resolution (attach

additional pages as needed):

Names and contact information of any witnesses to the actions or occurrences for which you seek Assisted Resolution:

Describe the assistance or corrective action you seek:

Identify, and provide contact information for, any persons who were involved in this matter, who were witnesses to the actions or occurrences, or who can provide relevant information concerning the Complaint (*attach additional pages as needed*):

Identify the Wrongful Conduct that you believe occurred (*check all that apply*):

[ ] Discrimination based on (*check all that apply*):

[ ] Race

[ ] Color

[ ] Sex

[ ] Gender

[ ] Gender identity

[ ] Pregnancy

[ ] Sexual orientation

[ ] Religion

[ ] National origin

[ ] Age

[ ] Disability

[ ] Harassment based on (*check all that apply*):

[ ] Race

[ ] Color

[ ] Sex

[ ] Gender

[ ] Gender identity

[ ] Pregnancy

[ ] Sexual orientation

[ ] Religion

[ ] National origin

[ ] Age

[ ] Disability

[ ] Abusive Conduct

[ ] Retaliation

[ ] Whistleblower Protection

[ ] Family and Medical Leave

[ ] Uniform Services Employment and Reemployment Rights

[ ] Worker Adjustment and Retraining

[ ] Occupational Safety and Health

[ ] Polygraph Protection

[ ] Other (describe)

Do you have an attorney or other person who represents you?

[ ] Yes

Please provide name, mailing address, email address, and phone number(s):

[ ] No

[ ] I have attached copy(ies) of any documents that relate to my Complaint (such as emails, notices of discipline or termination, job application, etc.)

**I acknowledge** that this Complaint will be kept confidential to the extent possible, but information may be shared to the extent necessary and with those whose involvement is necessary to resolve this matter, as explained in the EDR Plan (*see* EDR Plan § IV.B.1).

**I affirm** that the information provided in this Complaint is true and correct to the best of my knowledge:

Complainant signature

Date submitted

Complaint reviewed by EDR Coordinator on

EDR Coordinator name

EDR Coordinator signature

Local Court Claim ID (Court Initials–FC–YY–Sequential Number):