

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
_____ DIVISION

_____))
_____))
NAME OF THE PLAINTIFF))
_____))
- vs -))
_____)) Case No.
_____))
_____))
_____)) JURY TRIAL DEMANDED
_____)) YES___ NO___
NAME OF THE DEFENDANT OR))
DEFENDANTS (Enter above the full name(s) of))
ALL defendant(s) in this lawsuit. Please))
attach additional sheets if necessary.))

EMPLOYMENT DISCRIMINATION COMPLAINT

1. This employment discrimination lawsuit is based on (check only those that apply):

_____ Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. §§ 2000e, *et seq.*, for employment discrimination on the basis of race, color, religion, gender, or national origin.
NOTE: *In order to bring suit in federal district court under Title VII, you must first obtain a right-to-sue letter from the Equal Employment Opportunity Commission.*

_____ Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. §§ 621, *et seq.*, for employment discrimination on the basis of age (age 40 or older).
NOTE: *In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file charges with the Equal Employment Opportunity Commission.*

_____ American with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101, *et seq.*, for employment discrimination on the basis of disability.
NOTE: *In order to bring suit in federal district court under the American with Disabilities Act, you must first obtain a right-to-sue letter from the Equal Employment Opportunity Commission.*

_____ Rehabilitation Act of 1973, as amended, 29 U.S.C. §§ 701, et seq., for employment discrimination on the basis of a disability by an employer which constitutes a program or activity receiving federal financial assistance.

NOTE: *In order to bring suit in federal district court under the Rehabilitation Act of 1973, you must first file charges with the appropriate Equal Employment Office representative or agency.*

_____ Other (Describe)

PARTIES

2. Plaintiff's name: _____

Plaintiff's address: _____

Street address or P.O. Box

City/ County/ State/Zip Code

Area code and telephone number

3. Defendant's name: _____

Defendant's address: _____

Street address or P.O. Box

City/County/State/ Zip Code

Area code and telephone number

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

4. If you are claiming that the discriminatory conduct occurred at a different location, please provide the following information:

(Street Address) (City/County) (State) (Zip Code)

5. When did the discrimination occur? Please give the date or time period:

ADMINISTRATIVE PROCEDURES

6. Did you file a charge of discrimination against the defendant(s) with the Missouri Commission on Human Rights?

Yes Date filed: _____

No

7. Did you file a charge of discrimination against the defendant(s) with the Equal Employment Opportunity Commission or other federal agency?

Yes Date filed: _____

No

8. Have you received a Notice of Right-to-Sue Letter?

Yes No

If yes, please attach a copy of the letter to this complaint.

9. If you are claiming age discrimination, check one of the following:

60 days or more have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission.

fewer than 60 days have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission.

NATURE OF THE CASE

10. The conduct complained of in this lawsuit involves (check only those that apply):

failure to hire me

termination of my employment

failure to promote me

failure to accommodate my disability

terms and conditions of my employment differ from those of similar employees

retaliation

harassment

other conduct (specify): _____

Did you complain about this same conduct in your charge of discrimination?

Yes

No

11. I believe that I was discriminated against because of my (check all that apply):

race

religion

national origin

color

gender

disability

age (my birth date is: _____)

other: _____

Did you state the same reason(s) in your charge of discrimination?

Yes

No

12. State here, as briefly and clearly as possible, the essential facts of your claim. Describe specifically the conduct that you believe is discriminatory and describe how each defendant is involved in the conduct. Take time to organize your statement; you may use numbered paragraphs if you find it helpful. It is not necessary to make legal arguments, or to cite cases or statutes.

13. The acts set forth in paragraph 12 of this complaint:

_____ are still being committed by the defendant.

_____ are no longer being committed by the defendant.

_____ may still be being committed by the defendant.

REQUEST FOR RELIEF

State briefly and exactly what you want the Court to do for you. Make no legal arguments; cite no cases or statutes.

Signed this _____ day of _____, 20_____.

Signature of Plaintiff