

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

Plaintiff(s),)
v.)
Case No. _____
(to be assigned by Clerk of District Court)
JURY TRIAL DEMANDED
YES__ NO__
Defendant(s). (Enter above the full name(s)
of all defendants 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.*

____ Americans 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 Americans 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 (birth year 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.

(Continue to page 6, if additional space is needed.)

(Attach additional sheets as necessary).

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.

14. Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

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

Signed this _____ day of _____, 20_____.

Signature of Plaintiff _____