# United States District Court

for the

## Southern District of Indiana

|  | Case No.                                  |
|--|---|
|  | ) (to be filled in by the Clerk's Office) |
| Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint.  If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) | Jury Trial: (check one) Yes No            |
| -v-  | )   |
|  | )   |
|  | ,<br>)                                    |
|  | )   |
|  |   |
| Defendant(s)   | )   |
| (Write the full name of each defendant who is being sued. If the   |   |
| names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)  | )   |

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## **NOTICE**

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

## I. The Parties to This Complaint

| Α. | The P | laintiff | $(\mathbf{s})$ | ١ |
|----|-------|----------|----------------|---|
|    |       |          |                |   |

B.

| Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.   |
|---|
| Name  |
| Street Address City   |
| and County State  |
| and Zip Code  |
| Telephone Number  |
| E-mail Address  |
|   |
| The Defendant(s)  |
| Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title ( <i>if known</i> ). Attach additional pages if needed. |
| Defendant No. 1   |
| Name  |
| Job or Title (if known)   |
| Street Address City   |
| and County State  |
| and Zip Code  |
| Telephone Number  |
| E-mail Address (if known)   |
| Defendant No. 2   |
| Name  |
| Job or Title (if known)   |
| Street Address City   |
| and County State  |
| and Zip Code  |
| Telephone Number  |
| E-mail Address (if known)   |

|        | Defendant No. 3                           |   |
|--------|---|---|
|        | Name                                      |   |
|        | Job or Title (if known)                   |   |
|        | Street Address                            |   |
|        | City and County                           |   |
|        | State and Zip Code                        |   |
|        | Telephone Number                          |   |
|        | E-mail Address (if known)                 |   |
| C.     | Place of Employment                       |   |
|        | The address at which I sought employ      | ment or was employed by the defendant(s) is   |
|        | Name                                      |   |
|        | Street Address                            |   |
|        | City and County                           |   |
|        | State and Zip Code                        |   |
|        | Telephone Number                          |   |
| Basis  | for Jurisdiction                          |   |
| This a | ction is brought for discrimination in en | nployment pursuant to (check all that apply):   |
|        | Title VII of the Civil Rights             | s Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race,   |
|        | color, gender, religion, nation           | onal origin).   |
|        |   | it in federal district court under Title VII, you must first obtain a from the Equal Employment Opportunity Commission.)      |
|        | Age Discrimination in Emp                 | loyment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.  |
|        | - ·                                       | uit in federal district court under the Age Discrimination in first file a charge with the Equal Employment Opportunity       |
|        | Americans with Disabilities               | s Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.  |
|        |   | it in federal district court under the Americans with Disabilities<br>Notice of Right to Sue letter from the Equal Employment |

II.

|      | [                              | Other federal law (specify the federal law):   |
|------|--------------------------------|--|
|      | [                              | Relevant state law (specify, if known):  |
|      | [                              | Relevant city or county law (specify, if known):   |
| III. | Statem                         | nent of Claim  |
|      | facts sh<br>involve<br>dates a | short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the lowing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the and places of that involvement or conduct. If more than one claim is asserted, number each claim and write and plain statement of each claim in a separate paragraph. Attach additional pages if needed. |
|      | <b>A.</b>                      | The discriminatory conduct of which I complain in this action includes (check all that apply):   |
|      |                                | Failure to hire me.  |
|      |                                | Termination of my employment.  |
|      |                                | Failure to promote me.   |
|      |                                | Failure to accommodate my disability.  |
|      |                                | Unequal terms and conditions of my employment. Retaliation.  |
|      |                                | Other acts (specify):  |
|      |                                | (Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)   |
|      | В.                             | It is my best recollection that the alleged discriminatory acts occurred on date(s)  |
|      | C.                             | I believe that defendant(s) (check one):  is/are still committing these acts against me. is/are not still committing these acts against me.  |

INSD Pro Se Employment Discrimination Complaint 4/19 (adapted from AO Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination)

|     | D.        | Defendant(s)    | discriminated against me base                                      | ed on my (check all that apply and | d explain):   |
|-----|-----------|-----------------|--|------------------------------------|---|
|     |           |                 | race   |                                    |   |
|     |           |                 | color gender/sex   |                                    | <u> </u>  |
|     |           |                 | religion national  |                                    | <u> </u>  |
|     |           |                 | origin   |                                    | <u> </u>  |
|     |           |                 | age (year of birth)  | (only when asserting               | a claim of age discrimination.)                                   |
|     |           |                 | disability or perceived disa                                       | ability (specify disability)       |   |
|     | Е.        | The facts of r  | my case are as follows. Attach                                     | additional pages if needed.        |   |
|     |           |                 |  |                                    |   |
|     |           | your charge     |  | ent Opportunity Commissio          | ch to this complaint a copy of<br>n, or the charge filed with the |
| IV. | Exhaus    | tion of Federal | Administrative Remedies  |                                    |   |
|     | <b>A.</b> |                 |  |                                    | nt Opportunity Commission or alleged discriminatory conduct       |
|     | В.        | The Equal En    | mployment Opportunity Comn   | nission (check one):               | ··  |
|     |           |                 | has not issued a Notice of   | Right to Sue letter.               |   |
|     |           |                 | issued a Notice of Right to  | Sue letter, which I received       | on (date)   |
|     |           |                 | (Note: Attach a copy of the Opportunity Commission t               |                                    | r from the Equal Employment                                       |
|     | C.        | Only litigants  | s alleging age discrimination n                                    | nust answer this question.         |   |
|     |           |                 | my charge of age discrimination defendant's alleged discrimination |                                    | nent Opportunity Commission                                       |
|     |           |                 | 60 days or more have elap  | sed.                               |   |
|     |           |                 | less than 60 days have el  | anad                               |   |

INSD Pro Se Employment Discrimination Complaint 4/19 (adapted from AO Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination)

#### V. Relief

B.

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

## VI. Certification and Closing

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 11.

### A. For Parties Without an Attorney

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.

| Date of signing:          |  |  |
|---------------------------|--|--|
| Signature of Plaintiff    |  |  |
| Printed Name of Plaintiff |  |  |
|                           |  |  |
| For Attorneys             |  |  |
| Date of signing:          |  |  |
| Signature of Attorney     |  |  |
| Printed Name of Attorney  |  |  |
| Bar Number                |  |  |
| Name of Law Firm          |  |  |
| Street Address            |  |  |
| State and Zip Code        |  |  |
| Telephone Number          |  |  |
| E-mail Address            |  |  |