

**NOTICE TO  
PRO SE PLAINTIFFS**

attaching form Complaint

(revised 2/20/2013)



Representing yourself in Court—called appearing *pro se*—is difficult for persons without legal training. Before doing so, you should consider finding an attorney to take your case. The following referral services may help you find a lawyer:

1. Atlanta Bar Association (404) 521-0777  
(serving Fulton, Cobb, DeKalb, Douglas, Rockdale, Paulding, Henry, Gwinnett, Clayton, Cherokee, Fayette, and Forsyth Counties)
2. Cobb County Lawyer Referral Service (770) 424-2947  
(serving Cobb, Douglas, Bartow, Cherokee, and Paulding Counties)
3. DeKalb Bar Association Lawyer Referral Service (404) 373-2580  
(serving DeKalb, Fulton, Gwinnett, and Cobb Counties)
4. Attorneys' Confidential Referral Service, Inc. (888) 536-5900  
(serving all Counties in Georgia)
5. Atlanta Volunteer Lawyers Foundation (404) 521-0790  
<http://www.avlf.org>

If you desire to proceed without a lawyer, the attached form complaint has been prepared for your convenience, but you are not required to use it. Please write clearly and fill it out to the best of your ability. **However, completion and filing of this form is no guarantee that your case will succeed.**

You must keep the Clerk of Court informed as to any change in your address or telephone number. You must also follow the Federal Rules of Civil Procedure and the Local Rules of this Court. You may obtain a copy of the Federal Rules of Civil Procedure in most public libraries or at the following website: <http://www.uscourts.gov/uscourts/rules/civil-procedure.pdf>. You may review this Court's Local Rules in the Clerk's Office, purchase a copy from the Clerk's Office, or access this Court's Local Rules at the following website: <http://www.gand.uscourts.gov/pdf/NDGARulesCV.pdf>.

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
DIVISION**

\_\_\_\_\_  
(Print your full name)

Plaintiff *pro se*,

v.

CIVIL ACTION FILE NO.

\_\_\_\_\_  
(to be assigned by Clerk)

\_\_\_\_\_  
\_\_\_\_\_  
(Print full name of each defendant; an  
employer is usually the defendant)

Defendant(s).

**PRO SE EMPLOYMENT DISCRIMINATION COMPLAINT FORM**

**Claims and Jurisdiction**

1. This employment discrimination lawsuit is brought under (check only those that apply):

\_\_\_\_\_ Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e et seq., for employment discrimination on the basis of race, color, religion, sex, or national origin, or retaliation for exercising rights under this statute.

**NOTE:** To sue under Title VII, you generally must have received a notice of right-to-sue letter from the Equal Employment Opportunity Commission (“EEOC”).

\_\_\_\_\_ Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 et seq., for employment discrimination against persons age 40 and over, or retaliation for exercising rights under this statute.

**NOTE:** To sue under the Age Discrimination in Employment Act, you generally must first file a charge of discrimination with the EEOC.

\_\_\_\_\_ Americans With Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., for employment discrimination on the basis of disability, or retaliation for exercising rights under this statute.

**NOTE:** To sue under the Americans With Disabilities Act, you generally must have received a notice of right-to-sue letter from the EEOC.

\_\_\_\_\_ Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. This Court has subject matter jurisdiction over this case under the above-listed statutes and under 28 U.S.C. §§ 1331 and 1343.

### **Parties**

3. Plaintiff. Print your full name and mailing address below:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

4. Defendant(s). Print below the name and address of each defendant listed on page 1 of this form:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### **Location and Time**

5. If the alleged discriminatory conduct occurred at a location different from the address provided for defendant(s), state where that discrimination occurred:

\_\_\_\_\_

\_\_\_\_\_

6. When did the alleged discrimination occur? (State date or time period)

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**Administrative Procedures**

7. Did you file a charge of discrimination against defendant(s) with the EEOC or any other federal agency?      ☐ Yes      ☐ No

If you checked "Yes," attach a copy of the charge to this complaint.

8. Have you received a Notice of Right-to-Sue letter from the EEOC?

☐ Yes      ☐ No

If you checked "Yes," attach a copy of that letter to this complaint and state the date on which you received that letter:

\_\_\_\_\_

9. If you are suing for **age discrimination**, check one of the following:

☐ 60 days or more have elapsed since I filed my charge of age discrimination with the EEOC

☐ Less than 60 days have passed since I filed my charge of age discrimination with the EEOC

10. If you were employed by an agency of the State of Georgia or unsuccessfully sought employment with a State agency, did you file a complaint against defendant(s) with the Georgia Commission on Equal Opportunity?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Not applicable, because I was not an employee of, or applicant with, a State agency.

If you checked "Yes," attach a copy of the complaint you filed with the Georgia Commission on Equal Opportunity and describe below what happened with it (i.e., the complaint was dismissed, there was a hearing before a special master, or there was an appeal to Superior Court):

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11. If you were employed by a Federal agency or unsuccessfully sought employment with a Federal agency, did you complete the administrative process established by that agency for persons alleging denial of equal employment opportunity?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Not applicable, because I was not an employee of, or applicant with, a Federal agency.

If you checked "Yes," describe below what happened in that administrative process:

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### **Nature of the Case**

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

\_\_\_\_\_ failure to hire me  
\_\_\_\_\_ failure to promote me  
\_\_\_\_\_ demotion  
\_\_\_\_\_ reduction in my wages  
\_\_\_\_\_ working under terms and conditions of employment that differed  
\_\_\_\_\_ from similarly situated employees  
\_\_\_\_\_ harassment  
\_\_\_\_\_ retaliation  
\_\_\_\_\_ termination of my employment  
\_\_\_\_\_ failure to accommodate my disability  
\_\_\_\_\_ other (please specify) \_\_\_\_\_  
\_\_\_\_\_

13. I believe that I was discriminated against because of (check only those that apply):

\_\_\_\_\_ my race or color, which is \_\_\_\_\_  
\_\_\_\_\_ my religion, which is \_\_\_\_\_  
\_\_\_\_\_ my sex (gender), which is \_\_\_\_\_ male \_\_\_\_\_ female  
\_\_\_\_\_ my national origin, which is \_\_\_\_\_  
\_\_\_\_\_ my age (my date of birth is \_\_\_\_\_)  
\_\_\_\_\_ my disability or perceived disability, which is:  
\_\_\_\_\_

\_\_\_\_\_ my opposition to a practice of my employer that I believe violated  
the federal anti-discrimination laws or my participation in an  
EEOC investigation

\_\_\_\_\_ other (please specify) \_\_\_\_\_  
\_\_\_\_\_

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- This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Attach no more than five additional sheets if necessary; type or write legibly only on one side of a page.)



15. Plaintiff \_\_\_\_\_ still works for defendant(s)  
\_\_\_\_\_ no longer works for defendant(s) or was not hired

16. If this is a disability-related claim, did defendant(s) deny a request for reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you checked "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. If your case goes to trial, it will be heard by a judge unless you elect a jury trial. Do you request a jury trial? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **Request for Relief**

As relief from the allegations of discrimination and/or retaliation stated above, plaintiff prays that the Court grant the following relief (check any that apply):

\_\_\_\_\_ Defendant(s) be directed to \_\_\_\_\_

\_\_\_\_\_ Money damages (list amounts) \_\_\_\_\_

\_\_\_\_\_ Costs and fees involved in litigating this case

\_\_\_\_\_ Such other relief as may be appropriate

**PLEASE READ BEFORE SIGNING THIS COMPLAINT**

Before you sign this Complaint and file it with the Clerk, please review Rule 11 of the Federal Rules of Civil Procedure for a full description of your obligation of good faith in filing this Complaint and any motion or pleading in this Court, as well as the sanctions that may be imposed by the Court when a litigant (whether plaintiff or defendant) violates the provisions of Rule 11. These sanctions may include an order directing you to pay part or all of the reasonable attorney's fees and other expenses incurred by the defendant(s). Finally, if the defendant(s) is the prevailing party in this lawsuit, costs (other than attorney's fees) may be imposed upon you under Federal Rule of Civil Procedure 54(d)(1).

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of plaintiff *pro se*)

\_\_\_\_\_  
(Printed name of plaintiff *pro se*)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(City, State, and zip code)

\_\_\_\_\_  
(email address)

\_\_\_\_\_  
(telephone number)