UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

HOW TO FILE AN EMPLOYMENT DISCRIMINATION COMPLAINT: INSTRUCTIONS FOR PERSONS WITHOUT AN ATTORNEY

2

1

This packet includes each of the following forms:

4

5

6

7

8

10

11

12

13 14

15

16

17

18

1920

21

22

2324

25

26

27

28

 \mathcal{E}

- 1. How to File an Employment Discrimination Complaint (Intake 1);
- 2. Employment Discrimination Complaint (Intake 2);
- 3. Application to Proceed <u>In Forma Pauperis</u> (Intake 3);

I. GENERAL INSTRUCTIONS

- A. Three completed copies of each applicable form should be sent to the Court. Upon filing, the Clerk will return to you a file stamped copy of each document. If the documents submitted by you are not complete, you will be advised. When you mail in the forms, you should keep one set for your records.
- B. All blanks must be filled in. If an entry does not apply to you, write "not applicable" in the provided space.
- C. Effective December 1, 2020, the filing fee for a complaint is \$350.00 and the administrative fee is \$52, for a total cost of \$402 for filing a new civil complaint. If you are financially unable to pay that fee, you must complete the Application to Proceed In Forma Pauperis (Intake 3). If you are able to pay the filing fee, you need not complete the Application to Proceed In Forma Pauperis. However, you must prepare a summons, have it issued by the Clerk's Office and make arrangements with a private process server to have your summons and complaint served upon the defendant.
- D. Your complaint must be filed within the time specified by your Notice-Of-Right-To-Sue letter.
- E. If you contact the Court about your case, you must use the name and number of the case: for instance. <u>Jones v. Acme Construction</u>, C02-0123ABC. This number will be stamped on the copies of your documents returned by the Clerk when your case is filed. The letters at the end of the number are the initials of the judge to whom your case has been randomly assigned. These letters are part of the case number and must be used by you if you inquire about your case.
- F. You must notify the Clerk promptly if your mailing address changes. If the Court is unable to contact you, your case may be dismissed for lack of prosecution.
- G. Before mailing your forms to the Court, you should remove these instructions and keep for reference.
- H. If you are filing a complaint against a Federal Agency, you should fill out all parts of the forms that apply to you and add any additional information that is appropriate.
- I. If you are a minor, include only your initials on all documents where your name is requested. DO NOT INCLUDE YOUR NAME.

II. <u>EMPLOYMENT DISCRIMINATION COMPLAINT</u> (Intake 2)

A. Insert the name of the employer(s) against whom you are complaining in the

Form-Intake 1 (Rev. 5/21)

1 2 3	heading above the word "Defendant(s)." If you are complaining against a federal agency, department or unit, insert the title of the head of that agency, department or unit above the word "Defendant(s)." (For example, if you are complaining against the U.S. Postal Service, insert "Postmaster General;" if you are complaining against the U.S. Navy, insert "Secretary of the Navy.") Write your name above the word "Plaintiff."				
4	B. Paragraphs 1 and 2 - Be sure to provide full and accurate addresses.				
5	C. Paragraph 9 - Be sure to attach a copy of your Notice-Of-Right-To-Sue letter.				
6 7	THE COMPLAINT MUST BE FILED WITHIN THE TIME SPECIFIED IN YOUR NOTICE-OF-RIGHT-TO-SUE LETTER				
8	III. <u>APPLICATION TO PROCEED IN FORMA PAUPERIS</u> (Intake 3)				
9 10	A. This form should be used ONLY if you are financially unable to pay the filing fee. Each complaint must be accompanied with either the filing fee payment or a completed Application to Proceed <u>In Forma Pauperis</u> .				
11 12	B. All blanks must be filled in. If an entry does not apply to you, write "not applicable" in the provided space.				
13	When the forms are completed, bring them or mail them to:				
14	Clerk, United States District Court				
15	450 Golden Gate Avenue P.O. Box 36060 San Francisco, CA 94102				
16	San Francisco, CA 94102				
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 28					
28 I					

1			
2			
3			
4			
5			
6			
7			
8	UNITED STATES D	ISTRICT COURT	
9	NORTHERN DISTRIC	Τ OF CALIFORNIA	
10			
11	Plaintiff,		
12	vs.	CASE NO.	
13		EMPLOYMENT DISCRIMINATION COMPLAINT	
14	Defendant(s).)		
15			
16	1. Plaintiff resides at:		
17	Address		
18	City, State & Zip Code		
19	Phone		
20	2. Defendant is located at:		
21	Address		
22	City, State & Zip Code		
23	3. This action is brought pursuant to Title VII of the Civil Rights Act of 1964 for employ-		
24	ment discrimination. Jurisdiction is conferred on this Court by 42 U.S.C. Section 2000e-5.		
25	Equitable and other relief is sought under 42 U.S.C. Section 2000e-5(g).		
26	4. The acts complained of in this suit concern	:	
27	a Failure to employ me.		
28	b Termination of my employment.		
	Form-Intake 2 (Rev. 4/05) - 1	-	

1	c Failure to promote me.
2	dOther acts as specified below.
3	
4	
5	
6	
7	
8	
9	5. Defendant's conduct is discriminatory with respect to the following:
10	a My race or color.
11	b My religion.
12	c My sex.
13	d My national origin.
14	eOther as specified below.
15	
16	6. The basic facts surrounding my claim of discrimination are:
17	
18	
19	
20	
21	
22	
23	
24	
25	7. The alleged discrimination occurred on or about
26	(DATE)
27	8. I filed charges with the Federal Equal Employment Opportunity Commission (or the
28	California Department of Fair Employment and Housing) regarding defendant's alleged
	Form-Intake 2 (Rev. 4/05) - 2 -

1	discriminatory conduct on or about		
2	(DATE)		
3	9. The Equal Employment Opportunity Commission issued a Notice-of-Right-to-Sue letter		
4	(copy attached), which was received by me on or about		
5	(DATE)		
6	10. Plaintiff hereby demands a jury for all claims for which a jury is permitted:		
7	Yes No		
8	11. WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate,		
9	including injunctive orders, damages, costs, and attorney fees.		
10			
11	DATED:		
12	SIGNATURE OF PLAINTIFF		
13			
14	(PLEASE NOTE: NOTARIZATION		
15	IS <u>NOT</u> REQUIRED.) PLAINTIFF'S NAME		
16	(Printed or Typed)		
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
	Form-Intake 2 (Rev. 4/13) - 3 -		

1			
2			
3			
4			
5			
6			
7			
8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA		
10			
11) Plaintiff,) CASE NO		
12	vs. CASE NO		
13) IN FORMA PAUPERIS		
14	Defendant.		
15			
16	I,, declare, under penalty of perjury that I am the plaintiff		
17	in the above entitled case and that the information I offer throughout this application is true and		
18	correct. I offer this application in support of my request to proceed without being required to		
19	prepay the full amount of fees, costs or give security. I state that because of my poverty I am		
20	unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.		
21	In support of this application, I provide the following information:		
22	1. Are you presently employed? Yes No		
23	If your answer is "yes," state both your gross and net salary or wages per month, and give the		
24	name and address of your employer:		
25	Gross: Net:		
26	Employer:		
27			
28	If the answer is "no," state the date of last employment and the amount of the gross and net salary		
	Form-Intake 3 (Rev. 4/05) - 1 -		

1	and wages per month which you received.				
2	and wages per month which you received.				
3					
4					
5	2. Have	e you received, within the past twelve (12)	months, any	money from any of the	
6	following sources:				
7	a.	Business, Profession or	Yes	_ No	
8		self employment?			
9	b.	Income from stocks, bonds,	Yes	_ No	
0		or royalties?			
11	c.	Rent payments?	Yes	_ No	
12	d.	Pensions, annuities, or	Yes	_ No	
3		life insurance payments?			
4	e.	Federal or State welfare payments,	Yes	No	
5		Social Security or other govern-			
16		ment source?			
7	If the answe	er is "yes" to any of the above, describe each	h source of m	noney and state the amount	
8	received fro	m each.			
9					
20					
21	3. Are	you married?	Yes	_ No	
22	Spouse's Full Name:				
23	Spouse's Place of Employment:				
24	Spouse's Monthly Salary, Wages or Income:				
25	Gross \$ Net \$				
26	4. a.	List amount you contribute to your spou	use's support:	\$	
27	b.	List the persons other than your spouse	who are depe	endent upon you for support	
28		and indicate how much you contribute t	oward their s	support. (NOTE: For minor	
	Form-Intake	e 3 (Rev. 4/05) - 2 -			

5. Do you own or a	are you buying a home	?	Yes No	
Estimated Market Value	e: \$ A	mount of M	Mortgage: \$	_
6. Do you own an a	automobile?		Yes No	
Make	Year	Mo	del	_
Is it financed? Yes No If so, Total due: \$				
Monthly Payment: \$				
7. Do you have a b	ank account? Yes	No	_ (Do <u>not</u> include account nu	mbers.)
Name(s) and address(es) of bank:			
Progent belonge(g), \$				
Fresent balance(s). \$_				
Do you own any cash?	Yes No A	Amount: \$		
Do you own any cash?	Yes No A	Amount: \$		
Do you own any cash? Do you have any other a	Yes No A	Amount: \$	iption of each asset and its esti	
Do you own any cash? Do you have any other a market value.)	Yes No A	Amount: \$	iption of each asset and its esti	
Do you own any cash? Do you have any other a market value.)	Yes No Anssets? (If "yes," prov	Amount: \$ _	iption of each asset and its esti	mated
Do you own any cash? Do you have any other a market value.) 8. What are your market: \$	Yes No Anssets? (If "yes," proviously expenses?	Amount: \$	iption of each asset and its esti	mated
Do you own any cash? Do you have any other a market value.) 8. What are your market: \$	Yes No Anssets? (If "yes," proviously expenses?	Amount: \$	iption of each asset and its esti	mated
Do you own any cash? Do you have any other a market value.) 8. What are your market: \$	Yes No Anssets? (If "yes," proviously expenses?	Amount: \$ Utilities: Clothing:	iption of each asset and its esti	mated
Do you own any cash? Do you have any other a market value.) 8. What are your market: Food: \$	Yes No Anssets? (If "yes," proviously expenses? Monthly Payments.	Amount: \$ Itilities: Clothing: ent	Yes No	imated s Accoun
Do you own any cash? Do you have any other a market value.) 8. What are your market: \$	Yes No Anssets? (If "yes," proviously expenses? Monthly Paymer \$	Amount: \$ Utilities: Clothing: ent	Yes No Total Owed on Thi	imated s Accour
Do you own any cash? Do you have any other a market value.) 8. What are your market: Food: \$	Yes No Anssets? (If "yes," proving the same of the same o	Amount: \$ Itilities: Clothing: ent	Total Owed on Thi	s Accour
Do you own any cash? Do you have any other a market value.) 8. What are your market: Food: \$	Yes No Anssets? (If "yes," proving the same of the same o	Amount: \$ Itilities: Clothing: ent	Total Owed on Thi	s Accour
Do you own any cash? Do you have any other a market value.) 8. What are your market: Food: \$	Yes No Anssets? (If "yes," provident on the second of the secon	Amount: \$ Tide a description of the second of the se	Total Owed on Thi	s Accour

1			
2	10. Does the complaint which you are seeking to file raise claims that have been presented in		
3	other lawsuits? Yes No		
4	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in	
5	which they were filed.		
6			
7			
8	I declare under the penalty	of perjury that the foregoing is true and correct and understand that a	
9	false statement herein may	result in the dismissal of my claims.	
10			
11			
12	DATE	SIGNATURE OF APPLICANT	
13			
14			
15			
16 17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
	Form-Intake 3 (Rev. 4/13)	- 4 -	