



\_\_\_\_\_ 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:

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

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

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**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



(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 \_\_\_\_\_