

**DISPOSITION OF FORMAL COMPLAINT
APPENDIX 3A**

[To be completed by EDR Coordinator]

Local Court Claim ID: _____

Date of Complaint Disposition: _____

Summary of Employing Office's response:

Complaint Disposition:

- Employee voluntarily withdrew or dismissed Complaint
 - Prior to Hearing
 - During or Post-hearing
- Parties resolved matter by mutual assent
 - Settlement/Agreement was reduced to writing
- Presiding Judicial Officer Issued Written Decision Prior to Hearing
 - Dismissed as:
 - Untimely filed
 - Frivolous
 - Failed to state an EDR claim on the facts alleged in Complaint
 - Same facts resolved by prior claim process
 - Other (*describe below*)
 - Decision in favor of Complainant based on undisputed facts
 - Decision in favor of Employing Office based on undisputed facts
- Presiding Judicial Officer Issued Written Decision Following Hearing:
 - Decision in favor of Complainant
 - Decision in favor of Employing Office
- Other (*describe below*)

If Decision in favor of Complainant, the following EDR violation(s) was/were established (*check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> Discrimination based on (<i>check all that apply</i>): | <input type="checkbox"/> Harassment based on (<i>check all that apply</i>): |
| <input type="checkbox"/> Race | <input type="checkbox"/> Race |
| <input type="checkbox"/> Color | <input type="checkbox"/> Color |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Religion |
| <input type="checkbox"/> National origin | <input type="checkbox"/> National origin |
| <input type="checkbox"/> Age | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Disability |
- Abusive Conduct
 - Retaliation
 - Whistleblower Protection
 - Family and Medical Leave
 - Uniform Services Employment and Reemployment Rights
 - Worker Adjustment and Retraining
 - Occupational Safety and Health
 - Polygraph Protection
 - Other (*describe below*)

Brief description of disposition and ordered remedy, if any: