

**REQUEST FOR ASSISTED RESOLUTION  
APPENDIX 2**

**\*USE OF ASSISTED RESOLUTION DOES NOT EXTEND THE 180-DAY  
DEADLINE TO FILE A FORMAL COMPLAINT UNLESS THE DEADLINE IS  
EXTENDED UNDER EDR PLAN § IV.C.3.a\***

Submitted under the Procedures of the  
Colorado Bankruptcy Court Employment Dispute Resolution Plan

Court: \_\_\_\_\_

Full name of person submitting the form: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your phone number(s): \_\_\_\_\_

Office in which you are employed or applied to: \_\_\_\_\_

Name and address of Employing Office from which you seek assistance (*if the matter involves a judge or chambers employee, the Employing Office is the Court*): \_\_\_\_\_  
\_\_\_\_\_

Your job title/job title applied for: \_\_\_\_\_

Date of interview (*for interviewed applicants only*): \_\_\_\_\_

Date(s) of alleged incident(s) for which you seek Assisted Resolution: \_\_\_\_\_  
\_\_\_\_\_

Summary of the actions or occurrences for which you seek Assisted Resolution (*attach additional pages as needed*):  
\_\_\_\_\_  
\_\_\_\_\_

List of individual(s) involved in the actions or occurrences for which you seek Assisted Resolution:  
\_\_\_\_\_  
\_\_\_\_\_

Names and contact information of any witnesses to the actions or occurrences for which you seek Assisted Resolution:

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Describe the assistance or corrective action you seek:

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Alleged Wrongful Conduct for which you seek Assisted Resolution (*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   |   |
| <input type="checkbox"/> Abusive Conduct  | <input type="checkbox"/> Uniform Services                                     | <input type="checkbox"/> Occupational     |
| <input type="checkbox"/> Retaliation  | Employment and  | Safety and Health                         |
| <input type="checkbox"/> Whistleblower  | Reemployment  | <input type="checkbox"/> Polygraph        |
| Protection  | Rights  | Protection                                |
| <input type="checkbox"/> Family and Medical                                       | <input type="checkbox"/> Worker Adjustment                                    | <input type="checkbox"/> Other (describe) |
| Leave   | and Retraining  |   |

Do you have an attorney or other person who represents you?

Yes

Please provide name, mailing address, email address, and phone number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No

**I acknowledge** that this Request will be kept confidential to the extent possible, but information may be shared to the extent necessary and with those whose involvement is necessary to resolve this matter, as explained in the EDR Plan (see EDR Plan § IV.B.1).

Your signature: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Request for Assisted Resolution reviewed by EDR Coordinator/Director of Workplace Relations on: \_\_\_\_\_

EDR Coordinator/Director of Workplace Relations Name: \_\_\_\_\_

EDR Coordinator/Director of Workplace Relations Signature: \_\_\_\_\_

Local Court Claim ID  
(Court Initials–AR–YY–Sequential Number): \_\_\_\_\_

**FORMAL COMPLAINT FORM**  
**APPENDIX 3**

Submitted under the Procedures of the Colorado Bankruptcy Court  
Employment Dispute Resolution Plan

Court: \_\_\_\_\_

Full name of person submitting the form (Complainant): \_\_\_\_\_

Your mailing address: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your phone number(s): \_\_\_\_\_

Office in which you are employed or applied to: \_\_\_\_\_

Name and address of Employing Office from which you seek a remedy (*if the matter involves a judge or chambers employee, the Employing Office is the Court*): \_\_\_\_\_  
\_\_\_\_\_

Your job title/job title applied for: \_\_\_\_\_

Date of interview (*for interviewed applicants only*): \_\_\_\_\_

Date(s) of alleged incident(s) for which you seek a remedy: \_\_\_\_\_

Summary of the actions or occurrences giving rise to the Complaint (*attach additional pages as needed*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the remedy or corrective action you seek (*attach additional pages as needed*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify, and provide contact information for, any persons who were involved in this matter, who were witnesses to the actions or occurrences, or who can provide relevant information concerning the Complaint (*attach additional pages as needed*): \_\_\_\_\_

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Identify the Wrongful Conduct that you believe occurred (*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

I have already sought Assisted Resolution for this Abusive Conduct claim.

Provide date Request for Assisted Resolution submitted and concluded, and describe the resolution, if any: \_\_\_\_\_

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- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retaliation                 | <input type="checkbox"/> Uniform Services<br>Employment and<br>Reemployment<br>Rights | <input type="checkbox"/> Occupational<br>Safety and Health |
| <input type="checkbox"/> Whistleblower<br>Protection | <input type="checkbox"/> Worker Adjustment<br>and Retraining                          | <input type="checkbox"/> Polygraph<br>Protection           |
| <input type="checkbox"/> Family and Medical<br>Leave |   | <input type="checkbox"/> Other (describe)                  |

Do you have an attorney or other person who represents you?

Yes

Please provide name, mailing address, email address, and phone number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No

I have attached copy(ies) of any documents that relate to my Complaint (such as emails, notices of discipline or termination, job application, etc.)

**I acknowledge** that this Complaint will be kept confidential to the extent possible, but information may be shared to the extent necessary and with those whose involvement is necessary to resolve this matter, as explained in the EDR Plan (see EDR Plan § IV.B.1).

**I affirm** that the information provided in this Complaint is true and correct to the best of my knowledge.

Complainant signature: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Complaint reviewed by EDR Coordinator on: \_\_\_\_\_

EDR Coordinator Name: \_\_\_\_\_

EDR Coordinator Signature: \_\_\_\_\_

Local Court Claim ID  
(Court Initials–FC–YY–Sequential Number): \_\_\_\_\_