



# EMPLOYMENT RETALIATION (WHISTLEBLOWER) QUESTIONNAIRE/ AFFIDAVIT

NORTH DAKOTA DEPARTMENT OF LABOR AND HUMAN RIGHTS  
SFN 54049 (11-2021)

Name (First, Last)	Home Telephone Number	Cell Phone Number	
Mailing Address	City	State	ZIP Code
Email Address			
Do you consent to receiving correspondence exclusively at this email address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Alternate Contact		Alternate Contact Telephone Number	

I am alleging retaliation/reprisal under:  N.D.C.C. 34-01-20  N.D.C.C. 34-11.1-04 (Public Employee)

Acts of Retaliation Were Related To: (Check ALL that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Constructive Discharge (Forced to Resign)                             | <input type="checkbox"/> Failure to Promote | <input type="checkbox"/> Racial Harassment        |
| <input type="checkbox"/> Demotion  | <input type="checkbox"/> Failure to Recall  | <input type="checkbox"/> Reasonable Accommodation |
| <input type="checkbox"/> Discharge   | <input type="checkbox"/> Harassment         | <input type="checkbox"/> Reduction in Force       |
| <input type="checkbox"/> Failure to Hire   | <input type="checkbox"/> Pay/Compensation   | <input type="checkbox"/> Religious Accommodations |
| <input type="checkbox"/> Other Terms, Conditions, or Privileges of Employment - Explain Below: |   | <input type="checkbox"/> Sexual Harassment        |

Name of Company/Organization You Believe Retaliated Against You			Telephone Number
Address	City	State	ZIP Code
Name of Contact (Owner, CEO, HR Director, Manager, etc.)	Title		Telephone Number
Name of Immediate Supervisor	Title		
Name of Other Supervisor	Title		Last Date of Retaliation

**PLEASE ATTACH A STATEMENT** that describes what happened including: background history, a brief description of your work, how and/or why you feel retaliated against, by whom, when, where. Be sure to include supporting evidence such as witnesses, witness statements, and documents when possible. Please keep your statements relative to the basis of the complaint. Be sure to include all dates (day, month, year) and names as accurately as possible.

Describe Remedies You Are Seeking for Relief in this Complaint (What it would take to resolve the issue(s) you are alleging)
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The information I provided above is correct and complete to the best of my knowledge and belief. This complaint form and any accompanying statements must be signed in order to process a complaint of retaliation.

By typing my name here, I certify that the information I have provided above is true and correct to the best of my knowledge and belief, and I adopt this as my online signature. This complaint form and any accompanying statements must be signed in order to process a complaint of retaliation.

Signature	Date Signed
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RETURN TO: [labor@nd.gov](mailto:labor@nd.gov)

North Dakota Department of Labor and Human Rights  
600 E Boulevard Ave Dept 406  
Bismarck ND 58505-0340  
701-328-2660 Fax: 701-328-2031  
ND Toll-Free: 1-800-582-8032  
TTY: 1-800-366-6888  
[www.nd.gov/labor](http://www.nd.gov/labor)

NOTICE - Anything you submit to us in a paper form will be scanned to an electronic version and the original destroyed.