NAME
ADDRESS

Cherie K. Berry
Commissioner

NAME
Investigative Assistant
Employment Discrimination Bureau

EXHIBIT 1300-2

DATE

Name
Address

Dear __:

We received your written request for documents from the Employment Discrimination Bureau relative to an investigation of *Complainant's name* vs. *Respondent's name*, file # _____.

This is to notify you that there is a charge of .**10 per page**. There are ___ pages included in this file. The total cost is **$___**. A copy of the complete file will be provided to you **AFTER** payment has been received. The copies will be sent via US Postal Service unless arrangements are made for in-person pick up at the EDB office located at: 111 Hillsborough St., Raleigh, NC 27603.

To remit payment via U.S. Mail, please make your check or money order payable to the **NCDOL – Budget and Management Division**, and mail to the **N.C. Department of Labor, Attn: Budget – Wage and Hour Penalty Collections, 1101 Mail Service Center, Raleigh, North Carolina 27699-1101**, for the total amount summarized above. Please include the **Identification Number** _____ on all forms of payment for proper processing.

In accordance with N.C. Department of Labor policies and N.C.G.S. 95-136(e1), certain portions of EDB investigative files are not disclosed. This includes, for example, names, addresses, and telephone numbers of employees; identities of complainants and witnesses; handwritten witness statements; medical records; and inter-agency and intra-agency documents or memoranda not containing factual information.

If you have any questions, please contact our office at 800-625-2267 and ask to speak with the EDB Information Officer and refer to the above file number.

Sincerely,

Investigative Assistant

cc: file

1101MAIL SERVICE CENTER RALEIGH, NORTH CAROLINA 27699 -1101
919-807-XXXX • FAX XXX-XXX-XXXX• name@labor.nc.gov