

**EEO Pre-Complaint Intake Questionnaire**

**Privacy Act Statement**

**PURPOSE:** The purpose of this intake questionnaire is to record pertinent information regarding your allegation(s) of discrimination.

**AUTHORITY:** 29 CFR part 1614; U.S.C. 301; DoD Directive 1440.1-R, Department of Defense Civilian Equal Employment Opportunity Program; and Equal Employment Opportunity Commission Management Directive MD-110.

**ROUTINE USE(s):** The information requested may be used by and disclosed to DCSA personnel, contractors, and/or shared externally with other government agencies as a routine use when necessary and relevant to assist in activities related to the processing of your EEO Pre-Complaint Intake Questionnaire. Additionally, DCSA may use the information as necessary and authorized by the routine uses in the system of records notice associated with this form: V3-01: EEO Complaints and Affirmative Employment Program Plans. A complete list of the routine uses and the full text of V3-01 can be found at <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570280/v3-01>.

**DISCLOSURE:** Voluntary; However, failure to provide the requested information may lead to rejection of complaint on the basis of inadequate data on which to determine if the complaint is acceptable.

This form is to be completed by aggrieved persons who wish to begin the EEO Complaint Process.

Prohibited discrimination includes actions taken based upon race, sex, color, religion, age (40 & over), national origin, physical and/or mental disability, genetic information, pregnancy, sexual orientation or in reprisal for participation in previously protected (EEO) activity.

Due to Paperwork Reduction Act (PRA) guidance, contractors are not permitted to respond to this information collection at this time.

**PART 1: AGGRIEVED PERSON CONTACT INFORMATION**

NAME		JOB TITLE/SERIES/GRADE		
WORK ORGANIZATION NAME & CODE		WORK LOCATION		
HOME ADDRESS		CITY	STATE	ZIP
OFFICE PHONE	PERSONAL PHONE	EMAIL		
DATE CONTACTED DEO		NAME OF DEO CONTACT		

**PART 2: ANONYMITY:** (Initial appropriate selection.)

I give permission for my name to be used in the inquiry.

I request anonymity during the inquiry/Informal EEO process.

**PART 3: REPRESENTATION:** (Initial appropriate selection.)

If you are being represented, provide the contact information for your representative. If you later retain representation, you have a duty to notify and provide the DEO Office, in writing, the contact information for your representative. Initial where appropriate.

I do not have representation at this time

My attorney representative contact information is listed below

My non-attorney representative contact information is listed below

NAME OF REPRESENTATIVE		REPRESENTATIVE'S TITLE		
MAILING ADDRESS		CITY	STATE	ZIP
PHONE NUMBER		EMAIL		

**PART 4: BASIS(ES):** Please check all applicable basis (reasons) you believe you were discriminated against and provide requested information below, as applicable.

<p>Age (40) &amp; over (applies if aggrieved is 40 years or older). Date of Birth (MMM/YYYY: Only if age is the basis)</p>	<p>Ethnicity</p> <p>Hispanic or Latino</p> <p>Not Hispanic or Latino</p>
<p>Color (pertains to skin color):</p>	<p>Race (Select one or more):</p> <p>American Indian or Alaska Native</p> <p>Asian</p> <p>Black or African American</p> <p>Native Hawaiian or Other Pacific Islander</p> <p>White</p>
<p>Disability (Physical)</p>	<p>Disability (Mental)</p>
<p>Sex (including gender identity, sexual orientation and pregnancy)</p> <p>Male      Female      LGBT</p>	<p>Pregnancy Discrimination Act</p>
<p>Religion (Specify)</p>	<p>Retaliation/Reprisal (if selected, please provide additional information below)</p> <p>Participated and/or entered into the EEO Informal Complaint Process – Date:</p> <p>Filed a Formal Complaint – Date:</p> <p>Opposed an unlawful discriminatory practice or policy – Date opposed: Explain the unlawful discriminatory practice opposed:</p> <p>Witness in an EEO Proceeding/Matter: Case Name, Case # and Date:</p> <p>Representative in an EEO Proceeding/Matter: Case Name, Case# and Date:</p>

**PART 5: CLAIM(S) of ALLEGED DISCRIMINATION:** (Check all that apply and provide date of occurrence)

<p>Appointment/Hire</p>	<p>Examination/Test</p>	<p>Reasonable Accommodation (Disability)</p>	<p>Telework</p>
<p>Assignment of Duties</p>	<p>Harassment Sexual Non-Sexual</p>	<p>Reassignment Denied Directed</p>	<p>Termination</p>
<p>Awards</p>	<p>Medical Examination</p>	<p>Reinstatement</p>	<p>Terms/Conditions of Employment</p>
<p>Conversion to Full Time</p>	<p>Pay Including Overtime</p>	<p>Religious Accommodation</p>	<p>Time and Attendance</p>
<p>Disciplinary Action Demotion Disciplinary</p> <p>Warning Removal Reprimand Suspension Other</p>	<p>Evaluation/Appraisal</p>	<p>Retirement</p>	<p>Training Date:</p>
<p>Duty Hours</p>	<p>Promotion/Non-Selection</p>	<p>Sexual Stereotype</p>	<p>Other:</p>

Briefly describe your allegations/issues, insert space between incidents/occurrences. Brevity facilitates precision, allowing the EEO Counselor to specify your claim(s). You will have ample opportunity to provide background/periphery information (later) throughout the process. Please include the date(s) the alleged discrimination occurred, the name(s) of the alleged discriminating individual(s), and organization(s). You may attach an additional (PDF) document(s) if necessary. Please address the claims checked above only.

Examples: On January 3, 2019, Mr/s. Robin Smith, (Title/Organization), my supervisor/coworker, did/said etc. I believe this occurred because.....

**PART 6: RESPONSIBLE INDIVIDUALS /WITNESSES:**

Provide full names, position titles, and phone numbers of the alleged discriminating person(s) (ADP) who allegedly engaged in the discriminatory action(s) being raised and witnesses who would have first-hand knowledge of the discriminatory acts.

ADP's	WITNESSES
1. NAME	1. NAME
POSITION/TITLE	POSITION/TITLE
PHONE	PHONE
2. NAME	2. NAME
POSITION/TITLE	POSITION/TITLE
PHONE	PHONE

**PART 7: REMEDY OR RESOLUTION REQUESTED**

What (Specific) relief or corrective action(s) are you seeking to resolve your complaint?

**PART 8: ALTERNATIVE DISPUTE RESOLUTION (MEDIATION)**

I agree to, voluntarily, participate in the Alternative Dispute Resolution program and have my EEO concern(s) mediated. I understand that:

- a. Mediation is a confidential process;
- b. I have not given up my right to participate in the EEO complaint process if mediation is not successful; and
- c. I understand that the EEO Counselor will then issue a Notice of a Right to File a Formal Complaint and I will have 15 calendar days from the date I receive the Notice of a Right to File a Formal Complaint to file an EEO Formal Complaint of Discrimination.

**PART 9: RELATED EEO/GRIEVANCE APPEAL ACTION:**

Please select yes if you have pursued any of the claims you are raising in this pre-complaint in the following processes:

- |   |     |    |
|---|-----|----|
| (a) Previous or current EEO complaint?                                | Yes | No |
| (b) Previous or current negotiated grievance?                         | Yes | No |
| (c) Previous or current appeal to the Merit Systems Protection Board? | Yes | No |

If you answered yes to either of the questions above, please provide case number, dates and information regarding the status of each complaint, grievance or appeal.

CASE NUMBER	DATE	STATUS

The DEO Intake Questionnaire documents contain pertinent information regarding your allegation(s) of discrimination. Please be as specific, succinct and complete as possible; stating the facts concerning your allegations/issues. Aggrieved PERSONS who believe they have been discriminated against must consult with an EEO Counselor prior to filing a complaint. After completion and submittal of this intake questionnaire, you will be contacted by an EEO Counselor to schedule an initial interview.

During your initial interview, the EEO Counselor will hear your concerns, provide information about how the Federal EEO process works, explains your rights and responsibilities, time frames, and other avenues of redress. Also, the EEO Counselor will answers any questions you may have regarding the EEO pre-complaint process.

Counseling must be completed within 30 calendar days, from the date of initial contact with DEO Office with the intent to enter the EEO pre-complaint process. However, if you are in agreement, this 30 calendar day counseling period may be extended for up to an additional 60 calendar days. The EEO Counselor will remain in contact with you throughout the counseling process while attempting to informally resolve the matter. If the matter is not resolved within the specified timeframe, the EEO Counselor will conduct a final interview with you and inform you, in writing, of your right to file a formal complaint of discrimination. Should you elect to file a discrimination complaint, you may only raise matters which have been counseled or that are like or related to matters counseled.

Again, the purpose of this intake questionnaire is to record pertinent information regarding your allegation(s) of discrimination. Your EEO Counselor will afford you the opportunity to address specific concerns in more detail throughout the entire pre-complaint process.