

Appendix G EEO-MD-110

EEO COUNSELOR'S REPORT 29 C.F.R. § 1614.105

I. REQUIRED ELEMENTS

A. AGGRIEVED PERSON

Name:

Job

Title/Series/Grade: _____

Place of

Employment: _____

Work Phone No: _____ Home Phone

No: _____

Home Address:

B. CHRONOLOGY OF EEO COUNSELING

Date of Initial Contact:

Date of Initial

Interview: _____

Date of Alleged Discriminatory

Event: _____

45th Day After

Event: _____

Reason for delayed contact beyond 45 days, if applicable:

Date Counseling Report
Requested: _____

Date Counseling Report
Submitted: _____

C. BASIS(ES) FOR ALLEGED DISCRIMINATION

1) [] Race
(Specify) _____

2) [] Color
(Specify) _____

3) [] National Origin
(Specify) _____

4) [] Sex
(Specify) _____

5) [] Age (Date of
Birth) _____

6) [] Mental Disability
(Specify) _____

7) [] Physical Disability
(Specify) _____

8) [] Religion
(Specify) _____

9) [] Reprisal (Identify earlier event and/or
opposed
practice, give
date) _____

D. PRECISE DESCRIPTION OF THE ISSUE(S) COUNSELED

E. REMEDY REQUESTED

F. EEO COUNSELOR'S CHECKLIST - THE COUNSELOR ADVISED
THE

AGGRIEVED PERSON IN WRITING OF THE RIGHTS AND
RESPONSIBILITIES CONTAINED IN THE EEO COUNSELOR
CHECKLIST.

II. SUMMARY OF INFORMAL RESOLUTION ATTEMPTS

A. IF THE COUNSELOR ATTEMPTED RESOLUTION

1. Personal Contacts

2. Documents Reviewed

3. Summary of Informal Resolution Attempt

B. IF AGGRIEVED OPTED FOR ADR, COUNSELOR'S STATEMENT
THAT
THE ADR PROCESS WAS FULLY EXPLAINED TO THE AGGRIEVED
INDIVIDUAL/SUMMARY OF INFORMATION GIVEN TO THE
AGGRIEVED
INDIVIDUAL AND THE AGENCY BY THE COUNSELOR

Name of EEO Counselor

Telephone Number

Signature of Counselor

Office Address

Date