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)
(Specify) ________________________________________________

6) [ ] Mental Disability
(Specify) ________________________________________________

7) [ ] Physical Disability
(Specify) ________________________________________________

8) [ ] Religion
(Specify) ________________________________________________

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

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