

# FORMAL COMPLAINT OF DISCRIMINATION IN THE FEDERAL GOVERNMENT

## PRIVACY ACT STATEMENT (6 USC 552a)

**Authority:** Public Law 32-261

**Principle Purpose:** Formal filing of allegation of discrimination because of race, color, religion, sex, handicap, age, national origin or reprisal.

**Routine Uses:** This form and the information on this may be used: (a) as a data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts and may also be used to respond to general requests for information under the Freedom of Information Act, (b) to respond to requests from legitimate outside individuals or agencies (e.g. Members of Congress, the White House, and the Equal Employment Opportunity Commission (EEOC) regarding the status of the Complaint or appeal, and (c) to adjudicate complaint or appeal.

**Disclosure:** Voluntary, however, failure to complete all appropriate portions of this form may lead to rejection of complaint on the basis of inadequate data on which to determine if complaint is acceptable.

1. NAME OF COMPLAINANT ( <i>Last, First, Middle Initial</i> )	2 TITLE, SERIES & GRADE OF YOUR CURRENT POSITION
3a. HOME TELEPHONE NUMBER ( <i>Including Area Code</i> )	4. ADDRESS ( <i>Include City, State, and Zip Code</i> )
3b. WORK TELEPHONE NUMBER ( <i>Including Area Code</i> )	
5. DATE OF THE MOST RECENT ACT OF ALLEGED DISCRIMINATION	6. DO YOU HAVE A REPRESENTATIVE? <input type="checkbox"/> a. Yes ( <i>Complete Box 7</i> ) <input type="checkbox"/> b. No
7. IF YOU ANSWERED YES IN BLOCK 5, PROVIDE NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL OF REPRESENTATIVE ( <i>Include City, State, and Zip Code</i> )	8. NAME OF AGENCY AND ADDRESS WHERE THE ALLEGED DISCRIMINATION TOOK PLACE ( <i>Include City, State, and Zip Code</i> )

### 9. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (*Check all that apply*)

<input type="checkbox"/> a. RACE ( <i>State your race</i> ) _____	<input type="checkbox"/> f. AGE ( <i>Specify date of birth</i> ) _____
<input type="checkbox"/> b. COLOR ( <i>State your color</i> ) _____	<input type="checkbox"/> g. DISABILITY <input type="checkbox"/> PHYSICAL _____ <input type="checkbox"/> MENTAL _____
<input type="checkbox"/> c. RELIGION ( <i>State your religion</i> ) _____	
<input type="checkbox"/> d. NATIONAL ORIGIN ( <i>State your national origin</i> ) _____	<input type="checkbox"/> h. REPRISAL ( <i>Enter dates of prior EEO activity</i> ) _____
<input type="checkbox"/> e. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> i. SEXUAL ORIENTATION

10. I HAVE DISCUSSED MY COMPLAINT WITH AN EEO COUNSELOR ( <i>See reverse side</i> ) <input type="checkbox"/> a. YES ( <i>Complete 11</i> ) <input type="checkbox"/> b. NO	11. NAME OF EEO COUNSELOR/CONTACT	12. DATE FINAL INTERVIEW
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**13. Explain specifically how you were discriminated against (That is treated differently from other employees or applicants because of your race, color, religion, sex, national origin, age, mental or physical handicap, or reprisal. (If your complaint involves more than one basis for your dissatisfaction. List and number each such allegation separately and furnish specific, factual information in support of each. (Use additional sheets here).**

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**14. List in Item 17 the names of your witnesses and what factual information each will be expected to contribute through his/her testimony to the investigation of your complaint.**

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**15. What specific corrective action do you want taken on your complaint (If more than one allegation is being made state overall corrective action desired and the specific corrective action desired for each separate allegation .**

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**16. Have the matters listed in No. 13. been appealed to the Merit System Protection Board or filed under a Negotiated Grievance Procedure?**

// a. YES (Explain in Item 17) // b. NO \_\_\_\_\_

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**17. REMARKS**

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**18. SIGNATURE OF COMPLAINANT**

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**19. DATE COMPLAINT FORM WAS SIGNED**

READ INSTRUCTIONS CAREFULLY

***This form should be used only if you, as an applicant for Federal employment or a Federal employee, think you have been discriminated against due to race, color, religion, sex, national origin, age, handicap, or reprisal by a Federal agency and have presented the matter for informal resolution to an Equal Employment Opportunity Counselor within 45 calendar days of the date the incident occurred or, if a personnel action, within 45 calendar days of its effective date.***

Your complaint must be filed within 15 calendar days of the date of your final interview with the Equal Employment Opportunity Counselor. If the matter has not been resolved to your satisfaction within 30 calendar days of your first interview with the Equal Employment Opportunity Counselor and the final counseling interview has not been completed within that time, you have the right to file a complaint at any time thereafter up to 15 days after the final interview.

These time limits may be extended if you show that you were not notified of the time limits and were not otherwise aware of them, or that you were prevented by circumstances beyond your control from submitting the matter within the time limits, or for other reasons considered sufficient by the agency.

If you need help in the preparation of your complaint, you may contact the Equal Employment Opportunity Counselor who provided you with your initial counseling, or you may secure help from a representative of your choice.

You may have a representative of your own choosing at all stages of the processing of your complaints. You will have an opportunity to talk with an investigator and present all the facts which you believe show discrimination. The investigator will not be under the jurisdiction of the head of that part of the agency in which the alleged discrimination took place.

After the investigation of your complaint has been completed, you will be furnished a copy of the Report of Investigation. You will be given an opportunity to request a hearing, which will be conducted by an Administrative Judge assigned by the Equal Employment Opportunity Commission (EEOC). The hearing will be held at a convenient time and place. At the hearing, you may present witnesses and other evidence on your behalf.

The final decision (in writing) will be made by the head of the agency or his or her designee. If a hearing is held on your complaint, the head of the agency or the designee will review the decision recommended by the Administrative Judge before making a final decision, and will furnish you with a transcript of the hearing, a copy of the findings, analysis, and recommended decision of the Administrative Judge, along with the agency's final decision letter.

If you are not satisfied with the final agency decision, you have the right to appeal that decision within 30 calendar days after receipt to the Equal Employment Opportunity Commission, Office of Federal Operations, P.O. Box 19848, Washington, DC 20036.

If your complaint is based on *race, color, religion, sex, national origin, age, handicap, or reprisal*, you may file a civil action in an appropriate U.S. District Court within 90 days of receipt of the agency's decision or, if you elect to file an appeal with the Commission, you may still file a civil action in a Federal District Court within 90 days of the Commission's decision if you are dissatisfied with the decision.

If your complaint is based on *race, color, religion, sex, national origin, age, handicap, or reprisal*, you may file a civil action in an appropriate U.S. District Court if you have not received a final agency decision within 180 days of filing your complaint with the agency or if you have not received a final Commission decision within 180 days of filing your appeal with the Commission's Office of Federal Operations.

Please visit the DSS EEO website for more information on formal complaints of discrimination.