

# FORMAL COMPLAINT OF DISCRIMINATION IN THE FEDERAL GOVERNMENT

## PRIVACY ACT STATEMENT (5 USC 552a)

**AUTHORITY:** 42 U.S.C. 2000e-16(b) and (c); 29 U.S.C. Chapter 14; E.O. 12106.

**PRINCIPAL PURPOSE:** Formal filing of allegation of discrimination because of race, color, religion, sex, disability, age, national origin or reprisal.

**ROUTINE USES:** Information in this system may be disclosed to Federal, State or local investigating agencies; the Congress when inquiring on behalf of the individual; to any official engaged in the investigation or settlement of matters at issue; to the EEOC as necessary; and to another federal agency or court in compliance with a subpoena.

**DISCLOSURE:** Voluntary, however, failure to complete all appropriate portions of this form may lead to dismissal of complaint on the basis of inadequate data on which to determine if complaint is acceptable. EEOC government-wide system notice EEOC/GOVT-1 applies.

1. NAME OF COMPLAINANT ( <i>Last, first, middle initial</i> )	2. AGENCY DOCKET/COMPLAINT NO. ( <i>EEO OFFICE USE ONLY</i> )
---	---

3a. HOME TELEPHONE NUMBER	3b. WORK TELEPHONE NUMBER	4. HOME ADDRESS ( <i>Include city, state, and ZIP Code</i> )
---------------------------	---------------------------	--

5. DO YOU HAVE A REPRESENTATIVE?  
 a. YES (*Complete Item 6*)       b. NO

6. IF YES, PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER OF REPRESENTATIVE ( <i>Include city, state, and ZIP Code</i> )	7. NAME OF AGENCY AND ADDRESS WHERE ALLEGATIONS AROSE ( <i>Include city, state, and ZIP Code</i> )
---	--

THIS REPRESENTATIVE IS  IS NOT  AN ATTORNEY.

8. NAME AND LOCATION OF AGENCY ORGANIZATION WHERE YOU WORK	9. DATE OF MOST RECENT ACT OF ALLEGED DISCRIMINATION ( <i>MM/DD/YY</i> )	10. ARE YOU A FEDERAL EMPLOYEE OR APPLICANT? <input type="checkbox"/> a. EMPLOYEE, GRADE, SERIES, TITLE: _____ <input type="checkbox"/> b. APPLICANT FOR EMPLOYMENT
--	--	---

11. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST ("*X*" below)

a. RACE ( <i>State your race</i> )	e. DISABILITY ( <i>Describe nature of your disability</i> ) <input type="checkbox"/> PHYSICAL _____ <input type="checkbox"/> MENTAL _____
b. COLOR ( <i>State your color</i> )	f. AGE ( <i>State your date of birth</i> )
c. RELIGION ( <i>State your religion</i> )	g. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
d. NATIONAL ORIGIN ( <i>State your National Origin</i> )	h. REPRISAL ( <i>Date and nature of your participation in the processing of an EEO complaint or other EEO related activity</i> )

12. I HAVE DISCUSSED MY COMPLAINT WITH AN EEO COUNSELOR ( <i>See reverse</i> ) <input type="checkbox"/> a. YES ( <i>Complete 12c</i> ) <input type="checkbox"/> b. NO	12c. IF "YES," NAME AND TELEPHONE NUMBER OF COUNSELOR	12d. DATE YOU FIRST ASKED TO SEE EEO COUNSELOR	13. DATE RECEIVED NOTICE OF RIGHT TO FILE
--	---	--	---

14. TELL BRIEFLY HOW YOU WERE DISCRIMINATED AGAINST. INCLUDE THE DATE OF EACH ALLEGED DISCRIMINATORY INCIDENT. (*That is, tell how you were treated differently from other employees or applicants because of your race, color, religion, sex, national origin, age, mental or physical disability or reprisal.*) (*If your complaint involves more than one allegation of discrimination, list and number each such allegation separately. Tell what happened, who was involved and when it happened. (Use additional sheets, if necessary.)*)

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.*)

16. HAVE ANY OF THE INCIDENTS LISTED IN ITEM 14 BEEN APPEALED TO THE MERIT SYSTEMS PROTECTION BOARD ( <i>MSPB</i> ) OR FILED UNDER A NEGOTIATED GRIEVANCE PROCEDURE?  <input type="checkbox"/> a. YES. Explain. ( <i>Include date and MSPB Docket No.</i> ) <input type="checkbox"/> b. NO	17. SIGNATURE OF COMPLAINANT
	18. DATE COMPLAINT SIGNED BY COMPLAINANT ( <i>MM/DD/YY</i> )
	19. DATE COMPLAINT FILED ( <i>EEO OFFICE USE ONLY</i> )

**INFORMATION CONCERNING DISCRIMINATION COMPLAINT PROCESSING  
UNDER TITLE 29 C.F.R. PART 1614**

1. This form is for use if you are a federal employee or an applicant for federal employment and believe that you have been discriminated against because of your race, color, religion, sex, national origin, age (*40 and above*), disability, and/or reprisal. Before filing a formal complaint, you must first have presented the matter for informal resolution to an Equal Employment Opportunity (*EEO*) counselor within 45 CALENDAR DAYS of the date of the alleged discriminatory event, the effective date of an alleged discriminatory personnel action or the date you knew or reasonably should have known of the discriminatory event or personnel action.
2. Your formal complaint must be filed within 15 CALENDAR DAYS from the date you receive notice of right to file a discrimination complaint from the EEO counselor. If the matter has not been resolved to your satisfaction within 30 CALENDAR DAYS of your first contact with the EEO counselor and the final counseling interview has not been conducted within that time, and no notice of the right to file a formal complaint has been provided, you have a right to file a complaint after the 30th day.
3. These time limits may be extended by the agency if you can show that you were not notified of the time limits or 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.
4. If you need help in preparing your complaint, you may contact the agency's EEO office or the EEO counselor. You may also secure help from a representative of your choice or from an employee organization.
5. A complaint is deemed filed on the date it is received, if delivered to an appropriate official, or on the date postmarked if addressed to an appropriate official designated to receive complaints.
6. You may have a representative of your own choosing at all stages in the complaint process. You must notify the agency immediately if you retain a representative.
7. Your complaint will be acknowledged in writing.
8. If your complaint, or any allegation in the complaint, is dismissed on procedural grounds, you will receive a written notice of dismissal which will provide your rights to appeal and/or file a civil action concerning the dismissal.
9. If it is not dismissed, your complaint will be investigated by an investigator who is not under the jurisdiction of the head of that part of the agency in which the alleged discrimination took place. Based on information developed during the investigation, you will receive a copy of the investigative report and notified of (a) the right to request a hearing conducted by an Administrative Judge appointed by the U.S. Equal Employment Opportunity Commission (*EEOC*) who will recommend a decision to the agency, followed by a final agency decision, or (b) the right to a complete review and final agency decision without a hearing. A request for hearing or decision without a hearing must be made to the EEO Office within 30 CALENDAR DAYS OF RECEIPT of the Report of Investigation.
10. If informal settlement is reached, the terms of the agreement will be reduced to writing and signed by all parties to the complaint. Copies will be provided to you and the management official(s) responsible for carrying out the settlement.
11. If you fail to request a final agency decision, with or without a hearing, within 30 CALENDAR DAYS OF RECEIPT of the Report of Investigation, a final agency decision will be issued based on the information in the record.
12. If you are dissatisfied with the final agency decision, you may appeal to the EEOC, Office of Federal Operations (*OFO*) within 30 CALENDAR DAYS after receipt of the final agency decision. An appeal shall be deemed filed on the date it is postmarked, or in the absence of the postmark, on the date it is received by the EEOC. Any statement or brief in support of the appeal must be submitted to the EEOC, *OFO* and to the agency within 30 CALENDAR DAYS of filing the appeal. Instead of an appeal to EEOC, you may file a civil action in the appropriate federal district court within 90 CALENDAR DAYS of receipt of the final agency decision.
13. After appealing to the EEOC, and receiving a final decision from that agency, you may file a civil action in the appropriate federal district court within 90 CALENDAR DAYS of receipt of that decision.
14. If the agency has not issued a final agency decision on a complaint within 180 days of the filing date, or if *OFO* has not rendered a final decision within 180 days of your appeal to that office, you may file a civil action in the appropriate federal district court. Filing a civil action in court terminates the administrative processing of the complaint or appeal.

NOTICE CONCERNING AGE DISCRIMINATION COMPLAINTS:

15. Special procedures apply to age discrimination complaints and the timeframes for filing a civil action in federal district court may not be the same as shown above. Contact the EEO Office for additional information.

**IF FURTHER EXPLANATION IS NECESSARY, REFER TO 29 C.F.R. PART 1614,  
EEOC MANAGEMENT DIRECTIVE 110, OR CONTACT THE EEO OFFICE.**