

COMPLAINT OF DISCRIMINATION IN THE FEDERAL GOVERNMENT		FOR AGENCY USE
<i>(This form is subject to the Privacy Act of 1974 - see back) (See back for instructions. Please type or print)</i>		
1. FULL NAME OF COMPLAINANT (Last, First, Middle Initial)		2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS (Street, City, State, and ZIP Code)		a. HOME ()
		b. OFFICE ()
4. FEDERAL OFFICE YOU BELIEVE DISCRIMINATED AGAINST YOU (Prepare a separate complaint form for each office which you believe discriminated against you.)		5. ARE YOU NOW WORKING FOR THE FEDERAL GOVERNMENT? (If answer is "Yes" complete a, b, and c below.) <input type="checkbox"/> YES <input type="checkbox"/> NO
a. NAME OF OFFICE THAT YOU BELIEVE DISCRIMINATED AGAINST YOU	a. NAME OF AGENCY WHERE YOU WORK	
b. ADDRESS OF OFFICE (Street, City, State, and ZIP Code)	b. ADDRESS OF YOUR AGENCY (Street, City, State, and ZIP Code)	
c. NAME AND TITLE OF PERSON(S) YOU BELIEVE DISCRIMINATED AGAINST YOU (If you know)	c. TITLE AND GRADE OF YOUR JOB	
6. NAME AND ADDRESS (Street, City, State, and ZIP Code) OF YOUR REPRESENTATIVE (If any)		7. DATE ON WHICH MOST RECENT ALLEGED DISCRIMINATION TOOK PLACE (YYMMDD)
8. CHECK BELOW WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST		
a. RACE (If so, state your race)		
b. COLOR (If so, state your color)		
c. RELIGION (If so, state your religion)		
d. NATIONAL ORIGIN (If so, state your natural origin)		
e. SEX (If so, state your sex)		
f. AGE (If so, state your age) ¹		
g. HANDICAP (If so, state whether mental or physical)		
h. SEXUAL HARASSMENT (If so, state your sex and the sex of the person you believe harassed you)		
9. EXPLAIN IN SPECIFICS HOW YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (treated differently from other employees or applicants) DUE TO YOUR RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP (For each allegation, please state to the best of your knowledge, information and belief what incident occurred and when the incident occurred. If you need more space, continue on another sheet of paper.)		
10. I HAVE DISCUSSED MY COMPLAINT WITH AN EQUAL EMPLOYMENT OPPORTUNITY COUNSELOR (See instructions) <input type="checkbox"/> YES <input type="checkbox"/> NO		11. NAME OF COUNSELOR
12. STATE CORRECTIVE ACTION YOU ARE SEEKING		
13. SIGNATURE OF COMPLAINANT		14. DATE OF THIS COMPLAINT (YYMMDD)
¹ Complaints of discrimination because of age apply only to employees or applicants who were at least 40 years of age at the time the discriminatory action is alleged to have occurred.		

DD Form 2655, NOV 93 (IMT-V1)

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

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