

EQUAL EMPLOYMENT OPPORTUNITY PRE-COMPLAINT WORKSHEET

THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974

PRIVACY ACT STATEMENT

AUTHORITY: 41 U.S.C. 2000E-16

PRINCIPLE PURPOSE: To establish the case records and to assist in the processing of the complaint.

ROUTINE USE: Used when needed by EEO officials, hearing examiners, investigators and arbitrators, or by representatives of the Equal Employment Opportunity Commission, the Department of Justice, and the courts concerning the complaint and the appeal.

DISCLOSURE IS VOLUNTARY: If the individual does not furnish the information requested, there will be no adverse consequences. However, failure to furnish the information requested on the form may delay or impair processing of the complaint.

| | | | | |
|--|--|--|------------------------|--|
| 1. DOCKET NUMBER | | 2. COMPLAINANT'S NAME (Last, First, MI)/ SSAN / | | |
| 3. GRADE/SERIES/TITLE / / | | | 4. DUTY SECTION | |
| 5. DUTY PHONE | 6. HOME PHONE | 7. HOME ADDRESS | | |
| 8. DATE COUNSELOR CONTACTED | 9. DATE OF MOST RECENT OCCURRENCE | 10. COMPLAINANT INFORMED OF RIGHT TO HAVE <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 11. REPRESENTATIVE'S NAME | 12. REPRESENTATIVE'S ADDRESS | 13. REPRESENTATIVE'S DUTY PHONE | | |
| | | 14. REPRESENTATIVE'S HOME PHONE | | |
| 15. COMPLAINANT INFORMED OF RIGHT TO REMAIN ANONYMOUS DURING INFORMAL STAGE OF COMPLAINT, AND <input type="checkbox"/> DESIRES <input type="checkbox"/> DOES NOT DESIRE TO REMAIN ANONYMOUS | | | | |
| 16. CHECK BELOW WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST: | | | | |
| 16a. COMPLAINT - BASIS | | | | |
| <input type="checkbox"/> AGE <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RACE <input type="checkbox"/> RELIGION <input type="checkbox"/> COLOR <input type="checkbox"/> HANDICAP <input type="checkbox"/> REPRISAL <input type="checkbox"/> SEX | | | | |
| 16b. ISSUES AND BASIS (ES) AS PRESENTED TO COUNSELOR BY THE COMPLAINANT: | | | | |
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| 17. COMPLAINANT'S DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACT(S): | | | | |
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| 18. ALLEGED RESPONDING OFFICIAL(S): | | | | |
| NAME | | ORGANIZATION | DUTY PHONE | |
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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.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

19. WITNESSES AND MANAGEMENT OFFICIALS TO BE INTERVIEWED:

| NAME | ORGANIZATION | DUTY PHONE |
|------|--------------|------------|
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20. RESOLUTION DESIRED BY COMPLAINANT:

21. COMPLAINANT RECEIVED COUNSELING ON THE STEPS IN THE ADMINISTRATIVE COMPLAINT PROCESS AS OUTLINED IN AFI 36-1201 AND 29 CFR 1614.

22. COMPLAINANT PROVIDED COUNSELING ON OTHER AVENUES OF REDRESS:

- | | |
|--|---|
| <input type="checkbox"/> MERIT SYSTEM PROTECTION BOARD | <input type="checkbox"/> NEGOTIATED AGREEMENT GRIEVANCE PROCEDURE |
| <input type="checkbox"/> OFFICE OF SPECIAL COUNSEL | <input type="checkbox"/> AGENCY GRIEVANCE PROCEDURE |

23. COMPLAINANT OFFERED ALTERNATIVE DISPUTE RESOLUTION AS A MEANS TO RESOLVE THE COMPLAINT:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> ACCEPTED | <input type="checkbox"/> REJECTED |
|-----------------------------------|-----------------------------------|

24. COMPLAINANT'S SIGNATURE

25. DATE

26. INTAKE OFFICER'S SIGNATURE

27. DATE

| LEGEND RACE/NATIONAL ORIGIN | GENDER |
|--|---------------------------------|
| <input type="checkbox"/> A = AMERICAN INDIAN OR ALASKAN NATIVE | <input type="checkbox"/> MAL |
| <input type="checkbox"/> B = ASIAN OR PACIFIC ISLANDER | <input type="checkbox"/> FEMALE |
| <input type="checkbox"/> C = BLACK, NOT OF HISPANIC ORIGIN | |
| <input type="checkbox"/> D = HISPANIC | |
| <input type="checkbox"/> E = WHITE, NOT OF HISPANIC | |