



NOTE: Please read instructions on the reverse of this form before proceeding.

1. NAME OF COMPLAINANT	2. COMPLAINANT'S SERVICE OR DEPARTMENT
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3. COMPLAINANT'S JOB TITLE AND GRADE	4. DATE OF INITIAL CONTACT	5. DATE FINAL INTERVIEW DUE
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6. BASIS OF COMPLAINT (Check one or more, as appropriate)

<input type="checkbox"/> RACE (Specify: _____)	<input type="checkbox"/> SEX (Specify Male or Female: _____)	<input type="checkbox"/> HANDICAP (Specify: _____)
<input type="checkbox"/> COLOR (Specify: _____)	<input type="checkbox"/> NATIONAL ORIGIN (Specify: _____)	<input type="checkbox"/> REPRISAL FOR PRIOR EEO ACTIVITY
<input type="checkbox"/> RELIGION (Specify: _____)	<input type="checkbox"/> AGE (Specify date of birth: _____)	

7. ISSUE OF COMPLAINT

INSTRUCTIONS: Check one or more issues, as appropriate, which reflects the personnel action or event the complainant is protesting. The complainant must provide a date for each issue checked.

ISSUE	DATE OCCURRED	ISSUE	DATE OCCURRED
<input type="checkbox"/> ADMONISHMENT		<input type="checkbox"/> REASSIGNMENT	
<input type="checkbox"/> ASSIGNMENT OF DUTIES		<input type="checkbox"/> REINSTATEMENT	
<input type="checkbox"/> AWARD		<input type="checkbox"/> REPRIMAND	
<input type="checkbox"/> CONVERSION TO FULL TIME		<input type="checkbox"/> RETIREMENT	
<input type="checkbox"/> DEMOTION		<input type="checkbox"/> SEXUAL HARASSMENT	
<input type="checkbox"/> DUTY HOURS		<input type="checkbox"/> SUSPENSION	
<input type="checkbox"/> EXAMINATION/TEST		<input type="checkbox"/> TERMINATION/REMOVAL	
<input type="checkbox"/> FAILURE TO HIRE		<input type="checkbox"/> TIME AND ATTENDANCE	
<input type="checkbox"/> FAILURE TO PROMOTE		<input type="checkbox"/> TRAINING	
<input type="checkbox"/> HARASSMENT		<input type="checkbox"/> WORKING CONDITIONS	
<input type="checkbox"/> PERFORMANCE APPRAISAL/PROFICIENCY REPORT		<input type="checkbox"/> OTHER (Specify)	

8. BACKGROUND INFORMATION (On a separate piece of paper, summarize the circumstances which led up to the event(s) in dispute. If the date of any event was more than 45 calendar days before initial contact with you, also record the complainant's explanation for his or her untimeliness.)

9. CORRECTIVE ACTION (What resolution is the complainant seeking?)

10. RECOMMENDED INFORMATION GATHERING (List the names of the people, documents, and records the complainant wants you to interview or inspect)

11. IS THE COMPLAINANT REPRESENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. NAME AND ADDRESS OF REPRESENTATIVE
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13. HAS COMPLAINANT FILED A UNION GRIEVANCE ABOUT THE ISSUE IN ITEM 7? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," attach a copy)	14. HAS THE COMPLAINANT FILED AN APPEAL WITH THE MSPB ABOUT THE ISSUE IN ITEM 7? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," attach a copy)
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15. TYPED NAME AND SIGNATURE OF EEO COUNSELOR	16. DATE
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INSTRUCTIONS

This form must be completed during, or at the conclusion of, every initial interview with every complainant. Should the complainant not be resolved, and should the complainant file a formal complaint, this form will become the first page of your EEO Counselor's report (also see VA Form 0211). The form is largely self-explanatory, but there are several items which should be noted. In Item 5, insert that date which is 30 calendar days after the date in Item 4. In Item 6, if the complainant alleges Handicap discrimination, you should ask the complainant to explain the nature of his or her handicap. If the complainant alleges reprisal discrimination, you should ask the complainant to identify the prior EEO activity in which he or she engaged and upon which this allegation is based.

In Item 7, most issues which are raised in complaints are listed. The following definitions apply:

Admonishment: The least severe form of discipline. It is a written document entered into one's Official Personnel Folder (OPF).

Assignment of Duties: Tasks assigned by management to an employee, either on a one-time basis, or on a recurring basis.

Award: Written recognition by management intended to reward performance. It may or may not have a cash component.

Conversion to Full Time: Change from part-time employment to full-time employment.

Demotion: Change to lower grade and/or pay.

Duty Hours: Time during which an employee is required to be on duty. The category encompasses tours of duty and shift work.

Examination/Test: A written questionnaire, where the answers are scored and the score is used in making employment decisions.

Failure to Hire: Failure to hire an individual not already a VA employee.

Failure to Promote: Failure to advance a VA employee from one grade or rate of pay to a higher grade or rate of pay.

Harassment: Repeated acts intended to irritate or torment.

Performance Appraisal/Proficiency Report: Management's assessment of an employee's performance or proficiency. The category encompasses appraisals for promotion and special proficiencies, as well as annual appraisals.

Reassignment: A change from one position to another either within a particular organizational component or between organizational components. Changes do not involve change in grade or pay but may involve change in geographic location.

Reinstatement: Placement of a former Federal employee in a VA position. A return to Federal employment.

Reprimand: A form of disciplinary action. It is also a written document placed in one's OPF but usually for a longer period of time than an Admonishment.

Retirement: Change from active duty to annuitant status. The category includes disability and alleged forced retirement.

Sexual Harassment: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

(1) submission to it is a condition of employment; (2) submission to or rejection of it is a basis for employment decisions; and (3) the conduct interferes with work performance or creates an intimidating, hostile, or offensive work environment.

Suspension: A form of disciplinary action. It involves an unpaid absence and becomes a permanent part of one's OPF.

Termination/Removal: Termination of the employment relationship, either of a probationary or nonprobationary employee.

Time and Attendance: All leave matters fall into this category. It includes tardiness, AWOL, and all requests for leave.

Training: Any form of instruction, including on-the-job training, as well as formal classroom training.

Working Conditions: The physical conditions at work to which an employee is subjected (as distinguished from harassment).

Other: Any matter which does not fit in one of the above categories. Note: almost all issues fit in the above categories.

Date(s) MUST be provided for each act or event in dispute. If any date is more than 45 calendar days before the date of initial contact (as per Item 4), you must ask the complainant to explain why he or she waited more than 45 calendar days to contact you. You should also explain to the complainant that time limits may be waived under certain circumstances, but that they cannot be waived unless the complainant explains why he or she was untimely. Record his or her explanation on a separate piece of paper and attach it to this report.

Item 8 requires a BRIEF summary of the circumstances leading up to the event in dispute. Record the summary on a separate piece of paper and attach it to this report. If there is also an explanation of untimeliness to record, as explained in the preceding paragraph, both should ordinarily fit on one piece of paper, if typed. Item 10 should list the complainant's recommendations. This does not mean, however, that you are obligated to interview everyone or to inspect every document or record recommended. EEO Counselors are expected to use their judgment, keeping in mind that an investigation is available to the complainant at the next stage of the complain process. In Items 13 and 14, if the complainant responds "YES," please ask for a copy of the union grievance or the MSPB appeal from the complainant or from the Personnel Office and attach it to this report.

The complainant is not required to sign this form. However, you should go over it with him or her to insure accuracy, and provide him or her with a copy, if requested.

PRIVACY ACT STATEMENT

Collection of the information on this form is authorized and/or required by the regulations of the U.S. Equal Employment Opportunity Commission (EEOC), at 29 CFR 1614, and by VA, in VA Directive 5977. VA will use the information collected in an attempt to informally resolve an individual's allegations of discrimination and, should a formal complaint of discrimination be filed, to provide the required EEO Counselor's report. Should a formal complaint be filed, this form may be shown to all interested parties, including the individual(s) allegedly responsible for the event(s) in dispute.

Notwithstanding the above, unless the complainant affirmatively waives anonymity (i.e., authorizes the EEO Counselor to disclose his or her name in the course of the EEO Counselor's inquiries), the EEO Counselor will not release this form to anyone until a formal complaint of discrimination has been filed.