

# EQUAL EMPLOYMENT OPPORTUNITY (EEO) PRE-COMPLAINT INTAKE FORM

(This form is subject to the Privacy Act of 1974)

## PRIVACY ACT STATEMENT

**AUTHORITY:** 42 U.S.C. 2000e-16(b) and (c); 29 U.S.C. 204(f) and 206(d); 29 U.S.C. 633(a); 29 U.S.C. 791; Reorg. Plan No. 1 of 1978, 43 FR 19607 (May 9, 1978); E.O. 12106, 44 FR 1053 (January 3, 1979).

**PRINCIPAL PURPOSE(S):** Information is collected in order to counsel, investigate and adjudicate complaints of employment discrimination and related appeals brought by applicants and current and former federal employees against federal employers.

**ROUTINE USE(S):** To disclose information to another federal agency, to a court, or to a party in litigation before a court or in an administrative proceeding being conducted by a federal agency when the government is a party to the judicial or administrative proceeding. To provide information to a congressional office from the record of an individual in response to an inquiry from that congressional office made at the request of that individual. To disclose to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee. To disclose, in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding. For a complete list of routine uses, visit [http://www.defenselink.mil/privacy/govwide/eeoc\\_govt-1.html](http://www.defenselink.mil/privacy/govwide/eeoc_govt-1.html).

**DISCLOSURE:** Voluntary; however, failure to complete all portions of this form may lead to dismissal of complaint on the basis of inadequate data on which to determine if complaint is acceptable for processing.

**RULES OF USE:** Rules for collecting, using, retaining, and safeguarding this information are contained in Privacy Act System Notice EEOC/Govt-1, entitled "Equal Employment Opportunity in the Federal Government Complaint and Appeal Records" available at [http://www.defenselink.mil/privacy/govwide/eeoc\\_govt-1.html](http://www.defenselink.mil/privacy/govwide/eeoc_govt-1.html).

1a. I.D. Number (EEO Office Use Only)		1b. DLA Case Number (EEO Office Use Only)		2. COMPLAINANT'S NAME (Last, First, MI)	
2a. Have you initiated any other EEO complaint at any time during this FY? <input type="checkbox"/> YES <input type="checkbox"/> NO				2b. If YES, EEO Office Location	
3. GRADE/SERIES/TITLE				4. NAME & ADDRESS OF AGENCY WHERE ALLEGATION(S) AROSE (Include City, State, and Zip Code)	
5. COMPLAINANT'S WORK PHONE					
6. COMPLAINANT'S HOME ADDRESS (Include City, State, and Zip Code)				7. COMPLAINANT'S HOME PHONE	
				8. INITIAL CONTACT DATE (mm/dd/yyyy)	
				9. COMPLAINANT INFORMED OF RIGHT TO REPRESENTATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. DATE ALLEGED ACT OF DISCRIMINATION OCCURED				12. REPRESENTATIVE'S MAILING ADDRESS (Include City, State, and Zip Code)	
11. REPRESENTATIVE'S NAME					
13. Representative's Work Phone		14. Representative is a Lawyer <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. COMPLAINANT INFORMED OF RIGHT TO REMAIN ANONYMOUS DURING INFORMAL STAGE OF COMPLAINT PROCESS AND <input type="checkbox"/> Desires to remain anonymous <input type="checkbox"/> Does <u>not</u> desire to remain anonymous					
16A. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST ("X" below) Complete only those items below that are applicable to your pre-complaint.					
a. RACE (State your race)		e. DISABILITY (Describe nature of your disability) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL			
b. COLOR (State your color)		f. AGE (State your date of birth)			
c. RELIGION (State your religion)		g. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
d. NATIONAL ORIGIN (State your National Origin)		h. REPRISAL (Date and nature of your participation in the processing of an EEO complaint or other EEO related activity)			

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16B. Briefly state why you believe you were discriminated against, including the date(s) the incident(s) occurred (mm/dd/yyyy). (Use additional sheets, if necessary).

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## 17. ALLEGED RESPONSIBLE MANAGEMENT OFFICIAL(S)

NAME & TITLE	ORGANIZATION (Include address)	WORK PHONE

## 18. WITNESSES TO BE INTERVIEWED WHO HAVE FIRST-HAND KNOWLEDGE

NAME	ORGANIZATION	WORK PHONE

## 19. CORRECTIVE ACTION DESIRED BY COMPLAINANT

☐ 20. COMPLAINANT RECEIVED COUNSELING ON THE STEPS IN THE ADMINISTRATIVE COMPLAINT PROCESS AS OUTLINED IN 29 CFR PART 1614.

DATE (mm/dd/yyyy)

## 21. COMPLAINANT PROVIDED WITH INFORMATION ON OTHER AVENUES OF REDRESS:

☐ U.S. MERIT SYSTEMS PROTECTION BOARD

☐ NEGOTIATED GRIEVANCE PROCEDURE

☐ U.S. OFFICE OF SPECIAL COUNSEL

☐ ADMINISTRATIVE GRIEVANCE PROCEDURES

22a. COMPLAINANT OFFERED ALTERNATIVE DISPUTE RESOLUTION (ADR) AS A MEANS TO RESOLVE THE COMPLAINT AND

DATE (mm/dd/yyyy)

☐ Accepted

☐ Rejected

22b. MANAGEMENT OFFERED ALTERNATIVE DISPUTE RESOLUTION (ADR) AS A MEANS TO RESOLVE THE COMPLAINT AND

DATE

☐ Accepted

☐ Rejected

23. COMPLAINANT'S SIGNATURE

DATE