

Complaint of Discrimination

(See instructions on reverse)

PRIVACY ACT STATEMENT: 1. AUTHORITY- The authority to collect this information is derived from 42 U.S.C. Section 2000e-16; 29 CFR Sections 1614.106 and 1614.108. 2. PURPOSE AND USE-This information will be used to document the issues and allegations of a complaint of discrimination based on race, color, sex (including sexual harassment), religion, national origin, age, disability (physical or mental), sexual orientation or reprisal.

The signed statement will serve as the record necessary to initiate an investigation and will become part of the complaint file during the investigation; hearing, if any; adjudication; and appeal, if one, to the Equal Employment Opportunity Commission. 3. EFFECTS OF NON-DISCLOSURE-Submission of this information is MANDATORY. Failure to furnish this information will result in the complaint being returned without action.

1. Complainant's Full Name		2. Your Telephone Number (including area code)	
Street Address, RD Number, or Post Office Box Number		Home _____	
		Work _____	
City, State and Zip Code	Email Address	Cell _____	

3. If you are represented, please provide relevant contact information (name, address, telephone number, email address)	5. Current Work Address
4. Which Department of Justice Office Do You Believe Discriminated Against You? B. Street Address of Office C. City, State and Zip Code	A. Name of Agency Where You Work
	B. Street Address of Your Agency
	C. City, State and Zip Code
	D. Title and Grade of Your Job

6. Date on Which Most Recent Alleged Discrimination Took Place	7. Check Below Why You Believe You Were Discriminated Against?	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Genetic Information <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity <input type="checkbox"/> Reprisal <input type="checkbox"/> Parental Status <input type="checkbox"/> Class Complaint
Month Day Year _____ _____ _____	<input type="checkbox"/> Race (Give Race(s)) _____ <input type="checkbox"/> Color (Give Color) _____ <input type="checkbox"/> Religion (Give Religion) _____ <input type="checkbox"/> Sex (Give Sex) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Non-sexual Harassment <input type="checkbox"/> Age (Give Age) _____ <input type="checkbox"/> National Origin (Give National Origin) _____ <input type="checkbox"/> Disability <input type="checkbox"/> Physical <input type="checkbox"/> Mental	

8. Explain How You Believe You Were Discriminated Against (treated differently from other employees or applicants) Because of Your Race, Color, Sex (including sexual harassment), Religion, National Origin, Age, Disability (physical or mental), Genetic Information, Sexual Orientation, Gender Identity, Parental Status, or Reprisal. Do not include specific issues or incidents that you have not discussed with your EEO Counselor. (You may continue your answer on another sheet of paper if you need more space.)

9. What Corrective Action Do You Want Taken on Your Complaint?

10. A) I have discussed my complaint with an Equal Employment Opportunity Counselor and/or other EEO Official.	B) Name of Counselor
DATE OF FIRST CONTACT WITH EEO OFFICE:	DATE OF RECEIPT OF NOTICE OF FINAL INTERVIEW WITH EEO COUNSELOR:
_____ _____ _____ Month Day Year	_____ _____ _____ Month Day Year
<input type="checkbox"/> I Have Not Contacted an EEO Counselor	

11. Date of This Complaint:	12. Sign Your Name Here:
Month Day Year _____ _____ _____	

READ CAREFULLY

- This form should be used only if you, as an applicant for Federal Employment or as a Federal Employee, think you have been discriminated against because of race, color, sex (including sexual harassment), religion, national origin, age, disability (physical or mental), genetic information, sexual orientation, gender identity, parental status or reprisal by a FEDERAL agency, and have presented the matter for informal resolution to an Equal Employment Opportunity (EEO) Counselor within 45 calendar days of the date the incident occurred or, if a personnel action, within 45 calendar days of its effective date.
- Your complaint must be filed within 15 calendar days of the date of your receipt of the Notice of Final Interview with the EEO Counselor. If the matter has not been resolved to your satisfaction within 30 calendar days of the date you contacted the EEO office and the final counseling interview has not been completed within that time, you have the right to file a complaint at any time thereafter up to 15 calendar days after your receipt of the Notice of Final Interview. These time limits will only be extended under limited circumstances.
- The EEO Counselor or the EEO Officer will assist you in preparing your complaint, upon request.
- Your written complaint should be filed by you with the EEO Officer for the Bureau where the alleged discrimination occurred.
- You may have a representative at all stages of the processing of your complaint.
- You will have an opportunity to talk with an impartial investigator and present all facts which you believe support your complaint of discrimination.
- After the investigation of your complaint has been completed, you will be furnished a copy of the investigative file. You will then be given an opportunity to request a final agency decision by the Department of Justice's Complaint Adjudication Officer (CAO) or a hearing before the Equal Employment Opportunity Commission (EEOC), which will be conducted by an Administrative Judge of the EEOC. At the hearing, which will be held at a convenient time and place, you may present witnesses and other evidence in your behalf.
- If your complaint is based upon parental status, your investigative file will be reviewed by the Department of Justice's CAO and a final decision will be rendered with no entitlement for further administrative review.
- If a hearing is held on your complaint and a decision is rendered, the CAO will take final action on your complaint by issuing a final order. The final order will notify you whether or not the agency will fully implement the Administrative Judge's decision and it will explain your appeal rights. If you elect to have an immediate final agency decision without having a hearing, the CAO will take final action on your complaint by issuing a final agency decision which consists of findings on the merits of each issue in the complaint. The final agency decision will also include an explanation of your appeal rights.
- If you are not satisfied with the final order or final agency decision, you have the right to file a written appeal with the EEOC, Washington, DC, within 30 calendar days after your receipt of the final order or final agency decision. A copy of your appeal must be provided to the agency at the same time it is filed with the EEOC.
- If your complaint is based upon race, color, sex (including sexual harassment), religion, national origin, age, disability (physical or mental), genetic information or reprisal, you also have the right to file a civil action in the appropriate Federal District Court:
 - (a) Within 90 days of receipt of the final action on an individual or class complaint if no appeal has been filed;
 - (b) After 180 days of filing an individual or class complaint if an appeal has not been filed and final action has been taken;
 - (c) Within 90 days of receipt of the Commission's final decision on an appeal; or
 - (d) After 180 days from the date of filing an appeal with the Commission if there has been no final decision by the Commission.

NOTE: Special statutory provisions (PL 93-259) relating to the right to file a civil action apply to age discrimination complaints. Please consult with your EEO Counselor or EEO Officer for assistance.