



COMPLAINT OF EMPLOYMENT DISCRIMINATION

1. NAME (Last, first, middle initial)(Please print)	2. MAILING ADDRESS	3a. WORK TELEPHONE NUMBER <i>(Include Area Code)</i>
		3b. HOME TELEPHONE NUMBER <i>(Include Area Code)</i>

4. ARE YOU: <input type="checkbox"/> A VA EMPLOYEE <input type="checkbox"/> AN APPLICANT FOR EMPLOYMENT <input type="checkbox"/> A FORMER VA EMPLOYEE	5a. JOB TITLE, SERIES AND GRADE	6. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED
	5b. SERVICE/SECTION/PRODUCT LINE	

INSTRUCTIONS: For each employment related matter that you believe was discriminatory you must list the bases (*list one or more of the following*): **Race** (*Specify*), **Color** (*Specify*), **Religion** (*Specify*), **Sex** (*Male or Female*), **Sexual Orientation**, **National Origin** (*Specify*), **Age** (*Provide date of birth*), **Disability** (*Specify*), and **Reprisal for prior EEO activity or having opposed discrimination**.

7. BASIS	8. CLAIM(S) <i>(What employment related claim(s) - personnel action(s), incident(s), or event(s), caused you to file this complaint? Briefly, describe what happened below. Use an additional sheet of paper if necessary.)</i>	9. DATE OF OCCURRENCE <i>(Include the most recent date(s))</i>

10. REMEDIES SOUGHT

11a. DO YOU HAVE A REPRESENTATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	11b. IF "YES," IS HE OR SHE AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	11c. PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR REPRESENTATIVE
--	--	---

12a. HAVE YOU CONTACTED AN EEO COUNSELOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	12b. NAME OF EEO COUNSELOR	12c. DATE OF INITIAL CONTACT WITH ORM
---	----------------------------	---------------------------------------

13. NOTE: *If you contacted an EEO Counselor more than 45 calendar days after the Date(s) of Occurrence, listed in item 9, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Discrimination Complaint, you must explain why you were untimely in seeking EEO counseling or untimely in filing a complaint. (If more space is needed, use an additional sheet of paper.)*

14a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	14b. IF "YES," LIST THE CLAIM(S) AND DATE GRIEVANCE FILED	15a. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	15b. IF "YES," LIST THE ISSUE(S) AND DATE MSPB APPEAL FILED.
---	---	--	--

16a. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	16b. IF "YES," PROVIDE THE NAME AND ADDRESS
--	---

17. SIGNATURE OF COMPLAINANT (<i>Do not print</i>)	18. DATE
--	----------

INSTRUCTIONS

NOTE: Please read these instructions carefully. You *can* obtain assistance from your EEO Counselor in filling out this form. Your EEO Counselor can also answer any questions you may have about this form. In **item 7**, you should specify the basis of your complaint by identifying your race, color, religion, sex, sexual orientation, national origin, age (*date of birth*), and/or disability (*specific information about your disability*). Use additional pieces of paper, if necessary. If you list "**Reprisal**," please state the nature of the prior EEO activity in which you were engaged, i.e. did you file a prior EEO complaint?

It is very important that you be precise as to the dates of all actions or events you are protesting. In addition, the claims listed in **item 8**, must be limited to those claims discussed with an EEO Counselor (*discussed within 45 calendar days of occurrence of the event, or within 45 calendar days of the effective date, if a personnel action*) or *like or related claims*. If any of the claims listed in **item 8** were not discussed with an EEO Counselor, see an EEO Counselor IMMEDIATELY. The requirement that you contact an EEO Counselor about *every claim* listed in **item 8** will not be waived under any circumstances. Failure to do so will only delay the processing of your complaint.

If any of the claims listed in **item 8** were discussed with an EEO Counselor, but not within 45 calendar days of their occurrence or of their effective date, you must explain why you waited more than 45 calendar days. In addition, you must file **this** complaint within 15 calendar days of your receipt of the *Notice of Right to File a Discrimination Complaint* issued by your EEO Counselor. If you do not meet this time limit, you must explain why you waited more than 15 calendar days to file. Time limits may be waived under certain circumstances, however, they will NOT be waived and your complaint will NOT be investigated unless you explain your untimeliness and the explanation is accepted by VA. Use a separate piece of paper for this purpose. If you have evidence, which supports your explanation, please attach it to this complaint.

NOTICE

It is your responsibility to keep the *Office of Resolution Management (ORM)* informed of your current address. If you move, immediately advise the *ORM Field Office* where you filed this complaint of your new address. In addition, you may receive certified mail in connection with your complaint. It is your responsibility to claim all certified mail. Failure to notify ORM of a change in address or to claim certified mail may lead to dismissal of your complaint.

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), 29 CFR, Section 1614. The information collected will be used by ORM to determine whether your complaint is acceptable for investigation and in connection with any subsequent investigation and processing of your complaint. In the course of any investigation, this form may be shown to any individual who may be required by regulations, policies or procedures of the EEOC and/or ORM to provide information in connection with this complaint, including individuals you may have identified as responsible for the acts or events at issue in this complaint