

# 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, religion, sex, age, handicap, or national origin. 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  Street Address, RD Number, or Post Office Box Number  City, State and Zip Code	2. Your Telephone Number (including area code) Home _____  Work _____
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3. Which Department of Justice Office Do You Believe Discriminated Against You?  A. Name of Office Which You Believe Discriminated Against You.	4. Current Work Address  A. Name of Agency Where You Work  B. Street Address of Your Agency  City, State and Zip Code
B. Street Address of Office	D. Title and Grade of Your Job
C. City, State and Zip Code	

5. Date on Which Most Recent Alleged Discrimination Took Place  Month    Day    Year                                                          	6. Check Below Why You Believe You Were Discriminated Against?  <input type="checkbox"/> Race or Color (Give Race or Color) _____ <input type="checkbox"/> Religion (Give Religion) _____ <input type="checkbox"/> Sex (Give Sex) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age (Give Age) _____ <input type="checkbox"/> National Origin (Give National Origin) _____ <input type="checkbox"/> Sexual Harassment  <input type="checkbox"/> Handicap <input type="checkbox"/> Physical <input type="checkbox"/> Mental  <input type="checkbox"/> Reprisal <input type="checkbox"/> Other
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7. Explain How You Believe You Were Discriminated Against (Treated differently from other employees or applicants) Because of Your Race, Color, Religion, Sex, Age, Handicap, Reprisal or National Origin (You may continue your answer on another sheet of paper if you need more space).

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

9. A) I Have Discussed My Complaint With an Equal Employment Opportunity Counselor DATE OF FIRST CONTACT: _____	B) Name of Counselor: _____	<input type="checkbox"/> I have not contacted an EEO Counselor
DATE OF LAST INTERVIEW: _____		

10. Date of This Complaint: Month    Day    Year                                                          	11. Sign Your (Complainant's) Name Here:
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## 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, religion, sex, handicap, national origin, or age 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 final interview with the EEO Counselor. If the matter has not been resolved to your satisfaction within 30 calendar days of your first interview with the EEO Counselor 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 the final interview. These time limits will only be extended under extreme 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 of your own choosing at all stages of the processing of your complaint.
- You will have an opportunity to talk with an impartial investigator and present all the 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.
- The Department of Justice's CAO will issue a final decision. If a hearing is held on your complaint, the CAO will review the decision recommended by the Administrative Judge and take those recommendations into consideration in rendering the final agency decision.
- If you are not satisfied with the agency final decision, you have the right to appeal the decision to the EEOC, Washington, DC, within 30 calendar days after receipt. You should file a written appeal and provide a copy to the respective Bureau EEO Officer.
- If your complaint is based upon race, color, religion, sex, handicap or national origin, you also have the right to file a civil action in the appropriate Federal District Court within 180 calendar days of filing your initial complaint if you have not received a final agency decision or a final Commission decision.

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 Officer for assistance.