

Initial Allegation of Discrimination

(See instructions on reverse)

PRIVACY ACT STATEMENT: 1. **AUTHORITY**—The authority to collect this information is derived from 42 U.S.C. Sections 2000e-16; 21 CFR Sections 1613.214 and 1613.222. 2. **PURPOSE AND USE**—This information will be used to document the issue 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 VOLUNTARY. 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) Home _____ Work _____
Street Address, RD Number, or Post Office Box Number		
City State Zip Code		

3. Which Department of Justice Office Do You Believe Discriminated Against You? (Prepare a separate complaint for each office)		4. Are You Now Working For The Department of Justice? <input type="checkbox"/> YES (Answer A, B, C, and D below) <input type="checkbox"/> NO (Continue with question 5)	
A. Name of Office Which You Believe Discriminated Against You.		A. Name of Agency Where You Work	
B. Street Address of Office		B. Street Address of Your Agency	
C. City State Zip Code		C. City State Zip Code	
		D. Title and Grade of Your Job	

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"/> Handicap <input type="checkbox"/> Physical <input type="checkbox"/> Mental
	<input type="checkbox"/> Religion (Give Religion) _____	<input type="checkbox"/> Reprisal
	<input type="checkbox"/> Sex (Give Sex) <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Other
	<input type="checkbox"/> Age (Give Age) _____	
	<input type="checkbox"/> National Origin (Give National Origin) _____	

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: _____ DATE OF LAST INTERVIEW: _____	B.) Name of Counselor: _____	<input type="checkbox"/> I have not contacted an EEO Counselor
--	------------------------------	--

10. Date of This Complaint Month Day Year	11. Sign Your (Complainant's) Name Here:
--	--

READ CAREFULLY

- This form should be used only if you, as an applicant for Federal employment or 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 Counselor within 30 calendar days of the date the incident occurred or, if a personnel action, within 30 calendar days of its effective date.
- Your complaint must be filed within 15 calendar days of the date of your final interview with the Equal Employment Opportunity Counselor. If the matter has not been resolved to your satisfaction within 21 calendar days of your first interview with the Equal Employment Opportunity Counselor and the final counseling interview has not been completed within that time, you have a right to file a complaint at any time thereafter up to 15 days after the final interview.
- These time limits may be extended if you show that you were not notified of the time limits and were not otherwise aware of them, or that you were prevented by circumstances beyond your control from submitting the matter within the time limits, or for other reasons considered sufficient by the agency.
- If you need help in the preparation of your complaint; you may contact the Equal Employment Opportunity Officer or the Equal Employment Opportunity Counselor at the office where the alleged discrimination occurred, or you may secure help from a representative of your choice.
- Your written complaint should be filed by you or by your designated representative with the Equal Employment Opportunity Officer where the alleged discrimination occurred, the head of the field installation, the agency's Director of EEO, Federal Women's Program Manager, or other such officials as the agency may designate for that purpose.
- 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 investigator and present all the facts which you believe show discrimination. The investigator will not be under the jurisdiction of the head of that part of the agency in which the alleged discrimination took place.
- After the investigation of your complaint has been completed, you will be furnished a copy of the investigative file and an attempt will be made by the agency to adjust the matter.
- If your complaint is not adjusted satisfactorily, you will be given an opportunity to request a hearing, which will be conducted by an independent Complaints Examiner certified by the Equal Employment Opportunity Commission. The hearing will be held at a convenient time and place. At the hearing, you may present witnesses and other evidence in your behalf.
The final decision (*in writing*) will be made by the head of the agency or his or her designee. If a hearing is held on your complaint, the head of the agency or the designee will review the decision recommended by the Complaints Examiner before making a final decision, and will furnish you with a transcript of the hearing, a copy of the findings, analysis, and recommended decision of the Complaints Examiner, along with the agency's final decision letter.
- If you are not satisfied with the final decision, you have the right to appeal that decision within 15 calendar days after receipt to the Equal Employment Opportunity Commission, Washington, D.C. 20506.
- If your complaint is based on race, color, religion, sex, handicap, or national origin, you may file a civil action in an appropriate Federal District Court within 30 days of receipt of the agency's decision or, if you elect to file an appeal with the Equal Employment Opportunity Commission, you may still file a civil action in a Federal District Court within 30 days of the Commission's decision if you are dissatisfied with the decision.
- If your complaint is based on race, color, religion, sex, handicap, or national origin, you also may file a civil action in an appropriate Federal District Court if you have not received a final agency decision within 180 days of filing your complaint with the agency or if you have not received a final Commission decision within 180 days of filing your appeal with the Equal Employment Opportunity Commission.

NOTE: Special statutory provisions (P.L. 93-259) relating to the right to file a civil action apply to age discrimination complaints.

PLEASE FILL OUT THE OTHER SIDE OF THIS SHEET