

**COMPLAINT OF DISCRIMINATION  
IN THE FEDERAL GOVERNMENT**

(FOR AGENCY USE)

BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR HANDICAP  
(Please Type or Print)

1. WHAT IS YOUR (COMPLAINANT'S) FULL NAME?

2. WHAT IS YOUR TELEPHONE NO.?  
(INCLUDE AREA CODE)

YOUR STREET ADDRESS (OR RD NUMBER OR POST OFFICE BOX NUMBER)

HOME PHONE

YOUR CITY

STATE

ZIP CODE

WORK PHONE

3. WHICH FEDERAL OFFICE DO YOU BELIEVE DISCRIMINATED AGAINST YOU? (PREPARE A SEPARATE COMPLAINT FORM FOR EACH OFFICE WHICH YOU BELIEVE DISCRIMINATED AGAINST YOU)

4. ARE YOU NOW WORKING FOR THE FEDERAL GOVERNMENT?

YES (ANSWER A, B, AND C)

NO (CONTINUE WITH 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. WHAT IS THE 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

RACE, IF SO, STATE YOUR RACE \_\_\_\_\_

COLOR, IF SO, STATE YOUR COLOR \_\_\_\_\_

RELIGION, IF SO, STATE YOUR RELIGION \_\_\_\_\_

NATIONAL ORIGIN, IF SO, STATE YOUR NATIONAL ORIGIN \_\_\_\_\_

SEX, IF SO, STATE YOUR SEX \_\_\_\_\_

AGE, IF SO, STATE YOUR AGE \_\_\_\_\_

HANDICAP, IF SO, STATE PHYSICAL OR MENTAL \_\_\_\_\_

7. EXPLAIN HOW YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (TREATED DIFFERENTLY FROM OTHER EMPLOYEES OR APPLICANTS) BECAUSE OF YOUR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR HANDICAP. (FOR EACH ALLEGATION, PLEASE STATE TO THE BEST OF YOUR KNOWLEDGE, INFORMATION AND BELIEF, WHAT INCIDENT OCCURRED AND WHEN THE INCIDENT OCCURRED.) (CONTINUE ON PAGE 2 OF THIS FORM OR ADD ADDITIONAL SHEETS.)

PRIVACY ACT STATEMENT

1. AUTHORITY: PUBLIC LAW 92-261, CFR TITLE 29 SECTION 1613.
2. PRINCIPLE PURPOSE: TO FILE A COMPLAINT OF DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, HANDICAP, OR REPRISAL.
3. ROUTINE USE: THE INFORMATION ON THIS FORM MAY BE USED (A) IN THE PROCESSING AND ADJUDICATION OF THIS COMPLAINT AND (B) AS A DATA SOURCE FOR PRODUCTION OF SUMMARY DESCRIPTIVE STATISTICS AND ANALYTICAL STUDIES OF COMPLAINT PROCESSING AND RESOLUTION EFFORTS.
4. DISCLOSURE: VOLUNTARY; HOWEVER, FAILURE TO COMPLETE ALL APPROPRIATE PORTIONS OF THIS FORM MAY LEAD TO A DELAY IN PROCESSING OR A REJECTION OR CANCELLATION OF THIS COMPLAINT.

7. ADDITIONAL ALLEGATIONS (cont'd)

8. I HAVE DISCUSSED MY COMPLAINT WITH AN EQUAL EMPLOYMENT OPPORTUNITY COUNSELOR

YES

NO

a. NAME OF COUNSELOR

9. WHAT CORRECTIVE ACTION ARE YOU SEEKING?

10. DATE OF THIS COMPLAINT (Mo., Day, Year.)

11. SIGN YOUR (COMPLAINANT'S) NAME HERE