

# INFORMAL COMPLAINT FORM

## PRIVACY ACT STATEMENT

AUTHORITY: Title 10, U.S.C. Section 3012(g)

PRINCIPLE PURPOSE: To secure sufficient information to make inquiries into the matter(s) presented and to provide a response to the request(s) and/or take action to correct deficiencies. Disclosure of social security number and other personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requestor, accomplishment of the requested action(s) and response to the requestor.

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1. Name (Last, First, M.I.) \_\_\_\_\_ 2. Social Security Number \_\_\_\_\_

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3. Mailing Address \_\_\_\_\_ 4. Telephone Number \_\_\_\_\_

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5. Department \_\_\_\_\_ 6. Job Title \_\_\_\_\_ 7. Grade/Series \_\_\_\_\_

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8. Date of Alleged Discrimination \_\_\_\_\_

9. Date of Initial Contact with EEO Official \_\_\_\_\_

10. Date of Initial Interview with Counselor \_\_\_\_\_

11. I have been informed of my right to have a representative during the processing of my complaint. Yes  No

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12. I have been informed of my right to anonymity Yes  No   
I waive my right to anonymity Yes  No

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13. Basis for Discrimination:

Race \_\_\_\_\_  Color \_\_\_\_\_

Religion \_\_\_\_\_  Sex \_\_\_\_\_

Age \_\_\_\_\_  National Origin \_\_\_\_\_

Physical/Mental Disability \_\_\_\_\_

Reprisal \_\_\_\_\_

14. Matter giving rise to complaint:

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15. Defendant's Management Official (Name & Title):

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16. Explain briefly the basis of your complaint. Include who, what, where, when, and how about the incident(s). If more space is needed, attach additional sheets.

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17. Resolution Sought:

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18. Signature of Complainant

19. Date