

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, sex (including sexual harassment), religion, national origin, age, disability (physical or mental), sexual orientation or reprisal.

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?	4. Current Work Address A. Name of Agency Where You Work B. Street Address of Your Agency C. City, State and Zip Code D. Title and Grade of Your Job
B. Street Address of Office	B. Street Address of Your Agency
C. City, State and Zip Code	C. City, State and 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"/> Religion (Give Religion) _____ <input type="checkbox"/> Sex (Give Sex) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Age (Give age) _____ <input type="checkbox"/> National Origin (Give National Origin) _____ <input type="checkbox"/> Disability <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Reprisal <input type="checkbox"/> Parental Status <input type="checkbox"/> Class Complaint
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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, Sex (including sexual harassment), Religion, National Origin, Age, Disability (physical or mental), Sexual Orientation, Parental Status, or Reprisal. Do not include specific issues or incidents that you have not discussed with your EEO Counselor. (*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 and/or other EEO Official. DATE OF FIRST CONTACT WITH EEO OFFICE: _____ DATE OF RECEIPT OF NOTICE OF FINAL INTERVIEW WITH EEO COUNSELOR: _____	B) Name of Counselor <input type="checkbox"/> I Have Not Contacted an EEO Counselor
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10. Date of This Complaint: Month Day Year 	11. Sign Your Name Here:
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