

**UNITED STATES DEPARTMENT OF JUSTICE  
OFFICE OF ATTORNEY RECRUITMENT AND MANAGEMENT  
REQUEST FOR CORRECTIVE ACTION FORM**

**INSTRUCTIONS FOR COMPLETING AND FILING  
YOUR REQUEST FOR CORRECTIVE ACTION**

**GENERAL:** This form is intended to assist you in providing the Office of Attorney Recruitment and Management (OARM) with the information necessary to process your request for corrective action (RCA). This form will aid OARM in determining whether your RCA is properly before OARM, whether your request has been filed within the applicable time limits, what claims you are raising, and what relief you seek. You may use this form to file your RCA; however, you are not required to do so.

**WHERE**

**TO FILE:** Your RCA must be filed with the Director of OARM, either by mail to: U.S. Department of Justice, Office of Attorney Recruitment and Management, Liberty Square Building, 450 5th Street, N.W., Suite 10200, Washington, DC 20530-0001; or by facsimile to: (202) 307-3817 or (202) 514-0713.

**WHEN**

**TO FILE:** You may file a RCA with the Director of OARM only after exhausting your Conducting Office remedies by first filing a complaint of whistleblower reprisal with either the Department of Justice's Office of Professional Responsibility (OPR) or the Department of Justice's Office of Inspector General (OIG). Thereafter, your RCA must be filed within 60 calendar days of your receipt of the OPR/OIG notice of termination of its investigation of your reprisal complaint; or, anytime after 120 calendar days from the date you first notified OPR/OIG of an alleged reprisal, if you have not been notified that OPR/OIG will seek corrective action in your case. The date of filing is the date on which your RCA is postmarked, or, if filed by facsimile, the date on which it is received by OARM.

**HOW**

**TO FILE:** You may file your RCA with the Director of OARM by mail or by facsimile. Please note, however, that due to security delays in mail delivery to the Department of Justice, you may wish to file your RCA by facsimile. You may use this form, and may supplement your response to any question on a separate sheet of paper. All of your submissions must be legible and on 8 ½" x 11" paper.

**You should not file classified and/or sensitive information with your RCA. However, in the event such information becomes an issue in proceedings before OARM, appropriate arrangements for the delivery, handling, and transmission of such materials must be in compliance with FBI and other applicable requirements regarding classified and/or sensitive materials.**

## PART 1 - COMPLAINANT INFORMATION

*Please type or print legibly.*

1. Name (*last, first, middle initial*)

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2. Present Address

Address:

City, State, Zip Code:

**You must notify OARM in writing of any change in your mailing address while your request for corrective action is pending.**

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3. Telephone Numbers (*include area code*) and E-Mail Address

Home: (    )            Work: (    )            FAX: (    )            Other: (    )

E-Mail Address:

**You must notify OARM in writing of any change in your telephone number(s) or E-Mail address while your request for corrective action is pending.**

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4. FBI Employment or Application for Employment

Please indicate whether you are (or were) employed by the FBI, and, if so, please identify the title and location of your position (*including whether you are/were in a career or non-career position*):

If not currently or previously employed by the FBI, please list the title(s) and location(s) of the position(s) for which you have applied:

**PART 2 - EXHAUSTION OF CONDUCTING OFFICE REMEDIES**

5. Have you filed a complaint of whistleblower reprisal with OPR or OIG with respect to the same protected disclosure(s) and personnel action(s) underlying your request for corrective action?

Yes

Date reprisal complaint was filed with OPR/OIG: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

No

**If "Yes," attach a copy of your reprisal complaint filed with OPR/OIG** (or any other documentation establishing that you previously filed a reprisal complaint with OPR or OIG, in which you alleged the same protected disclosure(s) and personnel actions(s) underlying your request for corrective action).

**If "No," your request for corrective action is not properly before OARM,** and you must first file a complaint of reprisal with OPR/OIG.

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6. Did you receive notice from OPR or OIG that either office terminated its investigation of your reprisal complaint?

Yes

Date you received notification of termination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

No

**If "Yes," attach a partial copy of the termination letter/report from OPR or OIG (to include only the date of the document and the statement identifying the document as a termination letter/report). Under 28 C.F.R. § 27.3(h) and (i), the termination letter/report is not admissible in OARM proceedings without your consent. OARM needs only the aforementioned relevant portions to assess the timeliness of your request for corrective action. You may redact or refrain from submitting all other portions of the letter/report.**

**PART 3 - REPRISAL CLAIM(S)**

7. Please describe in as much detail as possible your alleged whistleblower disclosure. To the extent you allege that you made more than one disclosure, attach separate pages (or use a copy of this page and page 5) to answer questions 7-10 and 13 as to each additional disclosure.

8. Date on which you made your disclosure: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

9. To whom did you make your disclosure? \_\_\_\_\_

Identify that individual's title **at the time you made your disclosure:**

\_\_\_\_\_

If you made your disclosure to an office, identify the office:

\_\_\_\_\_

10. Do you believe that you made a disclosure that evidenced any of the following?  
(Please check all that apply)

- Violation of law, rule, or regulation       Mismanagement   
Gross waste of funds       Abuse of Authority   
Substantial and specific danger to public health or safety

**PART 3 - REPRISAL CLAIM(S) (CONTINUED)**

11. Identify each personnel action taken or not taken (or threatened to be taken or not taken) against you. Include the date of each action and the name and title of every FBI official responsible for the action (attach separate pages as necessary).

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12. Explain why you believe the alleged personnel action was taken or not taken (or threatened to be taken or not taken) as a result of any disclosure you identified in response to question 7 (attach separate pages as necessary).

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13. Did the FBI official(s) responsible for the personnel action(s) have knowledge of your alleged whistleblower disclosure?

Yes  No

If "Yes," identify the date on which you believe the employee(s) learned of your disclosure: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

and explain why you believe the FBI official(s) knew of your disclosure (*attach separate pages as necessary*).

**PART 4 - DESIGNATION OF REPRESENTATIVE**

14. Are you designating a representative to handle your request for corrective action?

Yes  No

If "Yes," complete the information below and sign.

\_\_\_\_\_

**Designation:** I hereby designate \_\_\_\_\_ to serve as my representative during the course of my request for corrective action. I understand that my representative is authorized to act on my behalf. In addition, I specifically authorize my representative to settle my request for corrective action on my behalf. I understand that any limitation on this settlement authority must be filed in writing with OARM.

By designating a representative, you agree to allow OARM to give your representative all information concerning your request for corrective action. **Any changes to this designation must be sent in writing to OARM.**

Sign here to make your designation effective: \_\_\_\_\_  
Complainant's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Representative's Address

Address:

City, State, Zip Code:

Representative's Telephone Numbers (*include area code*) and E-Mail Address

Office: ( ) FAX: ( ) Other: ( )

E-Mail Address:

## PART 5 - RELIEF SOUGHT

15. What corrective action (relief or remedy) do you want OARM to order?

## PART 6 - COMPLAINANT'S SIGNATURE

**16. I certify that all of the statements made in this form and any supplements hereto are true, complete, and correct to the best of my knowledge and belief.**

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY ACT STATEMENT** (This information is provided pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a(e)(3)): This form requests personal information that is relevant and necessary to reach a decision in your RCA. OARM collects this information in order to adjudicate requests for corrective action brought pursuant to the FBI whistleblower regulations, 28 C.F.R. Part 27. OARM has the authority to ask for this information pursuant to 5 U.S.C. § 301, 44 U.S.C. § 3101, and 28 C.F.R. Part 27. Because your RCA is a voluntary action, you are not required to provide any personal information in connection with it. However, your failure to supply OARM with all of the information essential to reach a decision in your case could result in the rejection of your RCA.