

FORMAL COMPLAINT OF DISCRIMINATION

Proponent Agency - - National Science Foundation

PRIVACY ACT STATEMENT (6 USC 552a)

Authority: Public Law 92-261
 Principle Purpose: Formal filing of allegation of discrimination because of race, color, religion, disability, age, national origin, or reprisal.
 Routine Uses: This form and the information on this form may be used (a) as a data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts and may also be used to respond to general requests for information under the Freedom of Information Act, (b) to respond to requests for legitimate outside individuals or agencies (e.g., Members of Congress, The White House, and the Equal Employment Opportunity Commission (EEOC) regarding the status of the complaint or appeal, and (c) to adjudicate complaint or appeal.
 Disclosure: Voluntary; however, failure to complete all appropriate portions of this form may lead to rejection of complaint on the basis of inadequate data on which to determine if complaint is acceptable.

1. NAME OF COMPLAINANT (Last, First, Middle Initial)	4. HOME/MAILING ADDRESS (Include City, State, and Zip)
2. SSN	
3a. HOME TELEPHONE NO. 3b. WORK TELEPHONE NO.	5. ARE YOU BEING REPRESENTED? <input type="checkbox"/> Yes (complete 5c) <input type="checkbox"/> No
5a. IF YES, NAME OF REPRESENTATIVE	5b. ADDRESS/TELEPHONE NUMBER OF REP
6a. NAME OF DIRECTORATE/DIVISION YOU BELIEVE DISCRIMINATED AGAINST YOU	6b. ADDRESS OF ALLEGED DISCRIMINATING ORGANIZATION (Include City, State, and Zip)
7. TITLE OF CURRENT JOB	9. PAY PLAN/SERIES/GRADE
10. REASON(S) YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check below)	
___ Race (Specify) _____	___ Disability (Specify) _____
___ Color (Specify) _____	___ Sex (Specify) _____
___ Religion (Specify) _____	___ Age (Specify) _____
___ National Origin (Specify) _____	___ Reprisal _____
11. I HAVE DISCUSSED MY COMPLAINT WITH AN EEO COUNSELOR (See reverse) <input type="checkbox"/> Yes (Complete 11a) <input type="checkbox"/> No	11a. IF YES, NAME OF COUNSELOR
	12. DATE OF FINAL INTERVIEW

13. EXPLAIN SPECIFICALLY HOW YOU WERE DISCRIMINATED AGAINST (That is treated differently from other employees or applicants, because of your race, color, religion, sex, national origin, age, mental or physical disability, or reprisal.) (If your complaint involves more than one basis for your dissatisfaction, list and number each such allegation separately and furnish specific, factual information in support of each.) (Use additional sheets if necessary.)

Allegation No. 1:

14. LIST IN ITEM 17 THE NAMES OF YOUR WITNESSES AND WHAT FACTUAL INFORMATION EACH WILL BE EXPECTED TO CONTRIBUTE THROUGH HIS/HER TESTIMONY TO THE INVESTIGATION OF YOUR COMPLAINT.

15. WHAT SPECIFIC CORRECTIVE ACTION DO YOU WANT TAKEN ON YOUR COMPLAINT? (If more than one allegation is being made, state overall corrective action desired and the specific corrective action desired for each separate allegation.) (Use additional sheets if necessary.)

16. HAVE THE MATTERS LISTED IN ITEM 13 BEEN APPEALED TO THE MERIT SYSTEM PROTECTION BOARD OR FILED UNDER A NEGOTIATED GRIEVANCE PROCEDURE?

Yes (Explain in item 17) No

17. REMARKS

18. SIGNATURE OF COMPLAINANT

19. DATE THIS FORM WAS SIGNED BY COMPLAINANT (MM/DD/YY)

BLOCKS 20-23 To be completed by the Office of Equal Opportunity

20. SIGNATURE OF COORDINATOR, OEOP

21. TYPED NAME AND TITLE

22. DATE COMPLAINT FILED WITH OEOP

The matter(s) giving rise to the complaint will be coded using one or more of the following codes:

CATEGORY	CODE	CATEGORY	CODE	CATEGORY	CODE
Appointment	1	Training	9	Reprisal	17
Promotion	2	Time & Attendance	10	Pay, Including Overtime	18
Reassignment	3	Retirement	11	Conversion to Full Time/ Career Conditional	19
Separation/Termination	4	Assignment of Duties	12	Reinstatement	20
Suspension	5	Exam/Test	13	Awards	21
Reprimand	6	Work Conditions	14	And/Or Other (Specify)	22
Evaluation/Appraisal	7	Harassment	15		
Duty Hours	8	Sexual Harassment	16		

23. Enter Code(s) for Matter(s) Giving Rise to the Complaint _____

INFORMATION CONCERNING THE PROCESSING OF YOUR COMPLAINT OF DISCRIMINATION