

FORMAL COMPLAINT OF DISCRIMINATION

For use of this form, use AR 600-690, the proponent agency is OSA

PRIVACY ACT STATEMENT (6 USC 552a)

Authority: Public Law 92:261

Principle Purpose: Formal taking of allegation of discrimination because of race, color, religion, sex, handicap, 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 be used to respond to general requests for information under the Freedom of Information Act: (b) to respond to requests from 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. COMPLAINANT ADDRESS (Include City, State, Zip Code)	
2. SOCIAL SECURITY NUMBER			
3a. HOME TELEPHONE No.	3b. WORK TELEPHONE No.		
5. ARE YOU BEING REPRESENTED? a. / / YES(Complete 5c) b. / / NO		5c. IF YES NAME OF REPRESENTATIVE	
6a. ARMY ORGANIZATION YOU BELIEVE DISCRIMINATED AGAINST YOU		6b. ADDRESS OF ALLEGED DISCRIMINATION ORGANIZATION (Include City, State, Zip Code)	
7. MAJOR ARMY COMMAND OF ACTIVITY YOU BELIEVE DISCRIMINATED AGAINST YOU		8. DATE OF ALLEGED DISCRIMINATION	
9. ARE YOU WORKING FOR THE FEDERAL GOVT? a. / / YES(Complete items 10, 11 and 12)		b. / / NO (Skip to item 12)	
10. NAME OF AGENCY WHERE YOU ARE CURRENTLY EMPLOYED (Include Office Symbol)		11. ADDRESS OF YOUR CURRENT EMPLOYER (City, State, Zip Code)	
12a. TITLE OF YOUR CURRENT POSITION		12b. GRADE & SERIES	
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REASONS YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check Below)

a. RACE (State Your Race)	e. HANDICAP Mental / / Physical / /
b. COLOR (State Your Color)	f. SEX Female / / Male / /
c. RELIGION (State Your Religion)	g. AGE (Specify Age) / /
d. NATIONAL ORIGIN (State Natl Origin)	h. REPRISAL

14. I HAVE DISCUSSED MY COMPLAINT WITH AN EEO COUNSELOR

14c. If Yes, NAME OF COUNSELOR

a. / / YES (Complete 14c) b. / / NO

15. DATE OF FINAL INTERVIEW

16. 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 handicap, 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 here).

17. List in Item 20 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.

18. 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 .

19. Have the matters listed in Item No. 16. been appealed to the Merit System Protection Board or filed under a Negotiated Grievance Procedure?

/ / a. YES (Explain in Item 20) / / b. NO

20. REMARKS

21. SIGNATURE OF COMPLAINANT

22. DATE THIS COMPLAINT FORM WAS SIGNED BY THE COMPLAINANT (Month, Day, Year)

TO BE COMPLETED BY THE ORGANIZATION'S EQUAL EMPLOYMENT OPPORTUNITY OFFICE

I certify that: (1) The complainant has reaffirmed this complaint in my presence and has stated that the facts contained therein are true to the best of his/her knowledge: (2) A determined effort at informal resolution of this complaint failed to produce a solution satisfactory to the complainant: and (3) Local management in the appropriate change of command has been informed concerning the complaint and its submission in the above format. 23.

SIGNATURE OF EEM	24a. TYPED NAME AND TITLE OF EEM <u>TERRY L. WRIGHT, EQUAL EMPLOYMENT MANAGER</u>
24b. ADDRESS OF EEM	US ARMY CORPS OF ENGINEERS (NEW ORLEANS DISTRICT) P.O. BOX 60267 (ATTN: CEMVN-EO) NEW ORLEANS, LA 70160-0267

25. DATE COMPLAINT FILED WITH EEM	26. TELEPHONE NO. OF EEM PROCESSING COMPLAINT (504) 862-2823 FAX NO. (504) 862-1774
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MATTER(S) GIVING RISE TO THE COMPLAINT WILL BE CODED USING ONE OR MORE OF THE FOLLOWING CODES: THE

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	
Separation/Termination	(4)	Assignment of Duties	(12)	Career Conditional	(19)
Suspension	(5)	Exam/Test	(13)	Reinstatement	(20)
Reprimand	(6)	Work Conditions	(14)	Awards	(21)
Evaluation/Appraisal	(7)	Harassment	(15)	And/Or Other (Specify)	(22)
Duty Hours	(8)	Sexual Harassment	(16)		

27. Enter Code(s) for Matter(s) Giving Rise to the Complaint							
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INFORMATION CONCERNING THE PROCESSING OF YOUR COMPLAINT OF DISCRIMINATION

This form will be used if you, as an Army employee or as an applicant for Federal Employment, think you have been treated unfairly because of your race, color, religion, sex, national origin, age, mental or physical handicap, or reprisal. If you have any questions concerning the completion of this form, you may contact the Equal Employment Manager (EEM) at your activity. Your written, formal complaint must be filed within 15 calendar days of the date of your final interview with the EEO counselor. This time limit may be extended if you can give a good reason for not submitting the complaint within the 15 calendar day limit. You may have a representative at all stages of the processing of your complaint. You or your representative should personally file your complaint with the EEM of your activity. If your complaint is accepted, you will have an opportunity to talk with an investigator from the Office of Complaints Investigations and to give him or her all the facts you have which you believe will support your complaint. If your complaint is rejected, you will be advised in writing of the reason(s) and advised of the right to appeal. Upon completion of the investigation of your complaint, you will receive a copy of the investigator's report. If your complaint cannot be settled informally on the basis of the investigation, you may request a review of your record by the Department of the Army Director of Equal Employment Opportunity, or you may request a hearing at this stage. If a hearing is requested, it will be conducted by an administrative judge designated by the EEOC. The findings, analysis, and recommendations will be forwarded to the Director of EEO for decision. You will be advised by the Director of the decision and provided a copy of the case report. If you are not satisfied with Director's decision, you will have the right to appeal to the Office of Federal Operations of the EEOC, P.O. Box 19848, Washington, D.C. 20036, within 20 calendar days after receipt of the decision. PLEASE BE SPECIFIC IN STATING THE FACTS CONCERNING YOUR COMPLAINT IN ITEMS 15 THROUGH 19.