

Executive Order 13160 Complaint Report Form

Section 6-601 of Executive Order 13160 requires federal agencies and departments to report the number, nature, and disposition of all complaints filed under the Executive Order. Please provide this information below or attach additional pages as necessary.

Agency: _____

Agency Contact Name: _____ **Phone:** _____

Reporting Period: _____

Total Number of Complaints: _____

Nature and Disposition of Complaints: To assist you in summarizing the nature and disposition of these complaints we have provided the following charts:

I.

Date Complaint was Filed:	Name and Brief Description of Federally Conducted Education or Training program:	Complainant:	Basis of Alleged Discrimination:
	Number of persons enrolled in program: _____ Duration of program: _____	<input type="checkbox"/> agency employee <input type="checkbox"/> non-agency employee: state/local official, public	<input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Color <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> National Origin <input type="checkbox"/> Status as a Parent <input type="checkbox"/> Disability
Nature of Complaint:	Jurisdiction:	Final Disposition of Complaint and Date of Determination:	Description of Remedies in Cases where Violation was Found:
	Was this complaint dismissed due to a determination that the alleged discrimination did not occur in a federally conducted education or training program? <input type="checkbox"/> Yes: Date of dismissal: _____ Appealed? _____ <input type="checkbox"/> No	Date: _____	Disciplinary Action? <input type="checkbox"/> Yes <input type="checkbox"/> No

II.

Date Complaint was Filed:	Name and Brief Description of Federally Conducted Education or Training program:	Complainant:	Basis of Alleged Discrimination:
	Number of persons enrolled in program: _____ Duration of program: _____	<input type="checkbox"/> agency employee <input type="checkbox"/> non-agency employee: state/local official, public	<input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Color <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> National Origin <input type="checkbox"/> Status as a Parent <input type="checkbox"/> Disability
Nature of Complaint:	Jurisdiction:	Final Disposition of Complaint and Date of Determination:	Description of Remedies in Cases where Violation was Found:
	Was this complaint dismissed due to a determination that the alleged discrimination did not occur in a federally conducted education or training program? <input type="checkbox"/> Yes: Date of dismissal: _____ Appealed? _____ <input type="checkbox"/> No	Date: _____	Disciplinary Action? <input type="checkbox"/> Yes <input type="checkbox"/> No