

EEO COUNSELOR'S REPORT

1. COMPLAINANT'S/AGENT'S FULL NAME:		4. COMPLAINANT'S/AGENT'S/AGENCY/OFFICE NAME:	
2. COMPLAINANT'S HOME ADDRESS: Street Address, RD, or P.O. Box: City, State, Zip Code: Phone Number (Include Area Code):		5. COMPLAINANT'S OFFICE ADDRESS: Street Address, RD, or P.O. Box: City, State, Zip Code: Phone Number (Include Area Code):	
3. OFFICE COMPLAINANT BELIEVES DISCRIMINATED AGAINST HIM/HER:		6. TITLE AND GRADE OF COMPLAINANT:	
7. BASIS OF DISCRIMINATION ALLEGED: (Check and specify)			
<input type="checkbox"/> Race _____ <input type="checkbox"/> Color _____ <input type="checkbox"/> Religion _____ <input type="checkbox"/> Age _____		<input type="checkbox"/> Sex _____ <input type="checkbox"/> Handicap _____ (Physical or Mental) <input type="checkbox"/> National Origin _____ <input type="checkbox"/> Reprisal _____	
8. ISSUES ALLEGED:			
Appointment		Assignment of Duties	
Promotion		Examination/Test	
Reassignment		Work Conditions	
Separation		Harrassment	
Suspension		Reprisal	
Reprimand		Pay including Overtime	
Evaluation/Appraisal		Conversion to Fulltime/CC	
Duty Hours		Reinstatement	
Training		Awards	
Time and Attendance		Other (Specify)	
Retirement			
9. COMPLAINANT IS: <input type="checkbox"/> Employee of DOE <input type="checkbox"/> Applicant for employment		10. TYPE OF COMPLAINT: <input type="checkbox"/> Individual <input type="checkbox"/> Class action	



11. ADJUSTMENT DESIRED: State specifically what adjustment the complainant is seeking.

12. DATE COMPLAINANT INITIALLY CONTACTED
EEO COUNSELOR:

13. DATE OF FINAL INTERVIEW:

14. INFORMALLY RESOLVED: DATE:

____ YES ____ NO

(If yes, Give Details in Item 19)

15. COMPLAINANT'S INITIALS:

DATE:

16. DATE REPORT SENT TO EEO OFFICER:

17. EEO COUNSELOR'S OFFICE ADDRESS:

Street Address, RD, or P.O. Box:

City, State, Zip Code:

Phone Number (Include Area Code):

18. EEO COUNSELOR:

NAME (PRINT): _____

SIGNATURE: _____

DATE: _____

19. **COUNSELOR'S COMPREHENSIVE NARRATIVE:** Explain in full detail what occurred during the informal counseling stage. Define each specific issue addressed during the counseling process clearly and precisely and describe all actions and/or conditions giving rise to the complaint. Give specific date(s), and place(s) of incident(s) and name all witnesses or persons involved. Include any advice given to both the complainant and the appropriate management official(s) concerning the issues of the complaint and any informal resolution.

In addition to the above, in class action complaints, include the name of the person who wishes to be the agent of the class; name of the representative, if any; nature of the class; agency policy or practice giving rise to the allegation of discrimination; nature of the act(s) giving rise to the aggrieved's person's belief that he or she was discriminated against; reason why the aggrieved person believes that a number of other persons are similarly affected by said policy or practice; efforts made to resolve the matter affecting the individual as well as the class, including the name of persons contacted and documents reviewed. (Attach sheets if additional space is required.)