

Department of Defense Education Activity (DoDEA)
Office of Equal Employment Opportunity
Informal Complaint (Pre-complaint)
AUTHORITY: Title 5, USC, Section 552

PRINCIPAL PURPOSE: *To secure sufficient information to make inquiries into the matters presented and to provide a response to the requester(s) and/or take action to correct deficiencies. Disclosure of the social security number and other personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requester, accomplishment of the requested action(s), and response to the requester.*

Name: _____ SSN: _____ - _____ - _____

Job Title: _____ Grade/Series: _____

Organization/Address: _____

Phone: _____

Home Mailing Address: _____

Phone: _____

Date of Alleged Discriminating Action: _____

Date of Initial Contact with OEEO: _____

Date of Initial Contact with Counselor: _____

EEO Counselor: _____ Phone: _____

Basis for Discrimination (check and specify):

Race _____ Color _____

Sex _____ Religion _____

National Origin _____ Age _____

Disability:

Physical _____ Mental _____

Reprisal (What and when was the protected Title VII activity?)

Specific Action/Relief Sought. List and number remedy sought for each allegation listed:

Responding Agency Official(s) and Witness(es):

1. Name: _____
 Job Title: _____ Grade/Series: _____
 Organization/Address: _____
 _____ Phone: _____
2. Name: _____
 Job Title: _____ Grade/Series: _____
 Organization/Address: _____
 _____ Phone: _____
3. Name: _____
 Job Title: _____ Grade/Series: _____
 Organization/Address: _____
 _____ Phone: _____

Signature of Aggrieved/Date

Signature of EEO Counselor/Date