

**U.S. RAILROAD RETIREMENT BOARD  
OFFICE OF EQUAL OPPORTUNITY**

**INFORMAL COMPLAINT OF DISCRIMINATION**

**PRIVACY ACT STATEMENT (5 U.S.C. 552a)**

Authority: Public Law 92-261

Principle Purpose: To collect information for use in conducting pre-complaint inquiry into allegations of discrimination based on race, color, religion, sex, national origin, age, mental and/or physical disability, and/or retaliation, and to certify the aggrieved person's receipt of required notices of rights and responsibilities in the complaint process.

Routine Uses: The form and the information provided may be used (a) to make inquiries into the matters presented and to provide a response to the aggrieved party(s) and/or to take action to correct deficiencies; (b) as a data source for complaint information for production of summary statistics and analytical studies of complaints processing and resolution efforts, and to respond to general requests for information under the Freedom of Information Act; and (c) to respond to requests from legitimate outside individuals or agencies (e.g., Members of Congress, the White House, and the Equal Employment Opportunity Commission) regarding the status of the pre-complaint inquiry, subsequent complaint or appeal.

Disclosure: Voluntary; however, failure to provide complete information and certifications may hinder or delay accomplishment of the pre-complaint inquiry and/or resolution efforts.

**This form must be completed in full and signed. Please print or type.**

**PERSONAL INFORMATION**

1. Name:

2. Bureau/Office:

3. Position Title:

4. Series/Grade:

5. Mailing Address:

6. Work Phone Number:

7. Home Phone Number:

8. Email Address:

**INFORMATION REGARDING YOUR COMPLAINT**

9. Identify the basis (es) for the alleged discrimination – Only check the applicable box (es) below:

RACE – *specify* \_\_\_\_\_

PHYSICAL DISABILITY – *specify* \_\_\_\_\_

COLOR – *specify* \_\_\_\_\_

MENTAL DISABILITY – *specify* \_\_\_\_\_

RELIGION – *specify* \_\_\_\_\_

RETALIATION – *Explain how and when you were previously involved in the EEO process.*  
\_\_\_\_\_

SEX – *specify* \_\_\_\_\_

\_\_\_\_\_

NATIONAL ORIGIN – *specify* \_\_\_\_\_

\_\_\_\_\_

AGE – *Date of Birth* \_\_\_\_\_

OTHER – *please explain* \_\_\_\_\_

*(must be 40 years of age or older)*

10. **DATE(S) OF THE ALLEGED DISCRIMINATION:**

11. **ISSUE(S)** – *State the matter(s) giving rise to your complaint (e.g., non-selection for promotion, removal, performance appraisal, etc.)*

12. **STATEMENT OF ALLEGATION(S)** – *Explain (as briefly and concisely as possible) why you believe you were discriminated against. Include WHO, WHAT, WHEN and WHERE for each action or incident alleged to be discriminatory. How were you treated differently than other employees/applicants for employment? Please number each allegation statement. (You may attach continuation sheet(s) if needed.)*

13. **AGENCY OFFICIALS RESPONSIBLE FOR ALLEGED DISCRIMINATION** – *Give name and title of the individual(s) responsible for each allegation. Number your response to correspond to the numbered allegations listed in item 12.*

14. **CORRECTIVE ACTION/RELIEF SOUGHT** – *What you would like the agency to do to resolve this issue(s)? Number your requested remedies to correspond to the numbered allegations listed in item 12.*

**15. CERTIFICATION OF RECEIPT OF RIGHTS AND RESPONSIBILITIES**

**A.** *I certify that I have been advised of the rights and responsibilities available to me under 29 CFR 1614. I also certify that I have been advised of:*

- 1) *My right to anonymity during the counseling stage;*
- 2) *My right to be accompanied, represented and advised during counseling and administrative processing of my complaint by a representative of my choice, designated in writing;*
- 3) *My responsibilities during the administrative processing of my complaint.*

**Initials** \_\_\_\_\_

**B. CHECK THE APPROPRIATE BOXES BELOW:**

- 1)  *I give my permission for my name to be used in the inquiry. (anonymity waiver)*  
 *I request anonymity during counseling.*
- 2)  *I do not have a representative at this time.*  
 *I have a representative who is a/an:*  
 *Attorney*    *Union Official*    *Other (specify) \_\_\_\_\_*

*Name:*  
*Address:*  
*City, State, Zip Code:*  
*Telephone Number.:*  
*Email Address:*

**Initials** \_\_\_\_\_

**C. WITH RESPECT TO MY RIGHT TO ANONYMITY, I UNDERSTAND THE FOLLOWING:**

- 1) *That although I have the right to remain anonymous during the counseling stage, withholding my name may impose limitations on attempts to resolve my complaint informally.*
- 2) *That the right to anonymity applies only to the informal complaint counseling process and that should I file a formal complaint, my name will be disclosed to pertinent parties involved in the complaint inquiry.*
- 3) *That this authorization pertains only to the confidentiality of counseling inquiries and that my granting or withholding permission to disclose my identity does not constitute a right on my part to direct the course of the counseling inquiry with respect to who may or may not be contacted or interviewed.*

**Initials** \_\_\_\_\_

**D. WITH RESPECT TO MY RIGHT TO REPRESENTATION, I UNDERSTAND THE FOLLOWING:**

- 1) *If I later choose to have representation (attorney or non-attorney), I will inform the RRB Office of Equal Opportunity (OEO) staff immediately and provide the name, address and telephone number of that person.*
- 2) *Payment of attorneys' fees, if I am successful in my formal complaint, requires prompt notification to the OEO staff of such representation.*
- 3) *If my representative is an attorney, all official correspondence, documents and decisions will be served on my attorney, and not on me.*
- 4) *If my representative is not an attorney, all official correspondence will be served on me with a copy to my representative. I also understand that the investigative file, hearing transcript (s), and the administrative judge's findings and conclusions will be served on me, and not on my non-attorney representative.*
- 5) *The person designated as my representative shall have the authority to act in my name as my representative in all matters pertaining to the allegations of discrimination contained in the complaint described in items 9-14 above.*
- 6) *The authority and responsibilities granted to my representative by virtue of this designation may be terminated by me at any time. Should this occur, I shall notify, in writing, the RRB's OEO staff of my action.*
- 7) *Whether or not I have a representative, in the event I withdraw my complaint of discrimination because the RRB and I reach agreement on a mutually acceptable resolution to my complaint, I must personally sign any such notice of withdrawal.*

**Initials** \_\_\_\_\_

**E.** *I understand that, throughout the duration of the processing of this complaint, I must keep the RRB's OEO staff apprised of my current mailing address and inform the OEO staff immediately of a change of address. I understand that my failure to do so may be a basis for dismissal of my complaint.*

**Initials** \_\_\_\_\_

**F.** *I understand that separate procedures exist for complaints of discrimination against a class of employees of whom I am a member. If I wish to file a complaint as agent for a class of similarly affected employees, I will notify the OEO staff for assignment of a counselor to explain the procedures and conduct an inquiry.*

**Initials** \_\_\_\_\_

Signature:

Date: