

**Equal Employment Opportunity Office
Contact Sheet
[Complete first page only.]**

PART I. CONTACT INFORMATION

Name _____

Job Title/Series/Grade _____

Place of Employment _____

Work Address _____ Home Address _____

Phone: _____

Phone: _____

A. Date of Initial Contact _____

Office Visit _____ Telephone _____ Other _____

B. Date of Alleged Incident _____

C. Principal Agency Witness (s) (PAW) _____

D. Basis (es)

_____ Race (Specify) _____ Color (Specify) _____ Sex (Specify)

_____ Age (Date of Birth) _____ Religion (Specify) _____ National Origin
(Specify)

_____ Physical Disability _____ Mental Disability _____ Reprisal
(Specify) (Specify) (Identify Earlier Event)

E. Summary of Issues _____

F. Declined Further Assistance _____ Other (Specify) _____

Continue EEO Inquiry _____

Acknowledgement of (Print) _____ Date _____

Receipt (Sign) _____

PART II

Intake Signature _____ Date _____

EEO Counselor Assigned _____ Date _____

(Name)

COMMENTS: _____

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PART III. LIMITED INQUIRY

Aggrieved Name _____

Representative Name _____

Representative Address _____

Representative Phone _____

A. Date of Initial Interview w/EEO Counselor _____

B. Summary of Claim (s) To Be Counseled:

Specify:

Claim (1) _____

Claim (2) _____

Claim (3) _____

C. Remedy Requested _____

E. Notification to PAW (S) _____

(Name)

(Date)

(Name)

(Date)

F. PAW (s) Remarks _____

(continuation attached)

G. Date Referred to EEO Officer for ADR Team _____

H. Documents Gathered During Pre-Complaint Inquiry (See Tabs) (Continuation attached)

TAB (1) _____ **TAB (2)** _____

TAB (3) _____ **TAB (4)** _____

PART IV. ELECTION OF OFFER (If applicable) copy attached.

_____ **EEO Counseling**

_____ **USACE EEO ADR**

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NOTES:

PART I.

The EEO Staff or EEO Counselor, whomever is first contacted by the employee, should complete this section. This section is designed for immediate closure if the person does not request to pursue the EEO counseling process, or assignment for informal processing. The individual should sign the Acknowledgement of Receipt and Date. A copy should be provided to individual and to EEO Office for file. If the EEO Counselor is contacted first, he/she should notify the EEO Office within 3 days of outcome. If individual chooses to have Counselor inquiry, the EEO Officer will notify the PAW (s) of the complaint filed.

PART II.

Signature of the Intake person could either be the EEO Staff member or EEO Counselor. If the EEO Staff member is the Intake person, he/she will assign an EEO Counselor within three days. If the EEO Counselor is the Intake person, he/she will complete the assigned EEO Counselor block with his/her name and date lines. If EEO Counselor is unable to counselor inquiry, he/she must inform the EEO office immediate for assignment of EEO Counselor.

PART III.

The EEO Counselor during the initial contact should complete this section. The EEO Counselor will provide the aggrieved a copy of the following and keep a copy for Counselor's report.

- Certificate of Notice of Rights and Responsibilities
- Notice of Rights and Responsibilities
- USACE EEO ADR Procedures
- PAW(s) Rights and Responsibilities (EEO Officer provided during notification)
- Agreement to Extend Counseling (if applicable)
- EEO Counselor's Checklist (see MD-110, App B-1)

PART IV.

The Election Offer should be presented not later than 21 days of the initial contact. Complainant must sign the Election Offer and copy furnished to the EEO Counselor .

This completed document will be attached to the EEO Counselor's report with attachments.