

EEO Electronic Contact Sheet

Instructions:

1. Complete sections 1 & 2 only starting with your title, name, etc.
2. Please describe the discriminatory event(s)/ incidents(s) starting on page 3.
3. When done, please select the submit button to ensure that all required fields are completed and follow the prompts.
4. Return completed form to the EEO office at the e-mail below :

usarmy.sill.imcom-central.mbx.usag-eeo@mail.mil



Equal Employment Opportunity Office

1670 Craig Road

Fort Sill, Oklahoma 73503

Tel. (580) 442-4024 Fax (580) 442-7205

Note: Items with an asterisk (*) are required entries.

If you can not send the form using the submit prompts, please save the form to your computer and e-mail the form using your prefer method of e-mail to the address listed on step 4.

EEO CONTACT SHEET

NAME:	<input type="text"/>	Date EEO Office Contacted	<input type="text"/>
Docket NO.	<input type="text"/>	Date EEO Intake	<input type="text"/>

Counselor Assigned: YES NO Name: Date

Method of Contact: Walk In Phone E-mail Mail Fax Other:

Section 1

Title	<input type="text"/>	*First	<input type="text"/>	MI	<input type="text"/>	*Last	<input type="text"/>	Suffix	<input type="text"/>
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	*E-mail: <input type="text"/>						
Country:	<input type="text"/>	Address Type:	<input type="checkbox"/> Home	<input type="checkbox"/> Work	*Claim: <input type="text"/>				
*Address 1:	<input type="text"/>				Other: <input type="text"/>				
Address 2:	<input type="text"/>								
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>				
*Phone	<input type="text"/>	FAX	<input type="text"/>	Cell	<input type="text"/>				
Agency/Department	<input type="text"/>				Phone	<input type="text"/>			

Additional Information for Complaint

Section 2

*SSN	<input type="text"/>	*DOB	<input type="text"/>	RNO	<input type="text"/>	Employee Type	<input type="text"/>		
*Occupation:	<input type="text"/>								
Pay Plan	<input type="text"/>	Specify	<input type="text"/>	Series	<input type="text"/>	Grade	<input type="text"/>	Specify	<input type="text"/>
*Anonymous	<input type="checkbox"/> YES	<input type="checkbox"/> NO							

EEO Contact

Basis(es): Employee must allege a discriminatory reason for that action based on one of the nine categories of protected classes. Please add your statement using pages 3- 5.

Were you discriminated against based on?

Race

Age (40+)

Color

Disability (Mental/Physical)

Religion

Retaliation/ Reprisal

Date of Prior EEO Activity:

Sex (including pregnancy)

Genetics

National Origin

* Relief Sought

How were you discriminated: (Please list and specify the claims and bases separately and provide specific factual information in support of each allegation)

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