

REQUEST FOR MILITARY EQUAL OPPORTUNITY COMPLAINT FACILITATION

The proponent of this form is NG-J1-EO, the prescribing directive is CNGBI 9600.01

AUTHORITY: 42 U.S.C. Section 2000d

Privacy Act Statement

PRINCIPLE PURPOSE To document the request for facilitation of a military equal opportunity complaint of discrimination in the Army National Guard or the Air National Guard

ROUTINE USES: None

DISCLOSURE: Voluntary. However, failure to complete all portions of this form could affect the timely processing of the facilitation request or result in the rejection of the facilitation request.

Section I - Complaint Information

* To be completed by the SEEM and submitted with the Agreement to Facilitate

1. Date of request	<input type="checkbox"/> Formal Complaint <input type="checkbox"/> Informal Complaint	4. Local docket number	5. Preferred method of mediation <input type="checkbox"/> On Site <input type="checkbox"/> VTC
6. Date of complainant's initial contact with EEO office	7. Basis <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Religion <input type="checkbox"/> Gender		
8. Claims/Issues			

Section II - Party Requesting Facilitation

9. Name	10. Job Title and grade or rank	11. Phone number
12. Address		13. Email
14. Activity/Major Command information		
15. Complainant's activity and installation		
16. Name of complainant's representative (if applicable)		

Section III - Party against Whom complaint is filed

17. Name	18. Job Title and grade or rank
19. Major Command against (if different from complainant's Major Command)	

Section IV - EEO POC Contact Information (SEEM)

20. Name	21. a) Phone _____ b) Fax _____ c) Email: _____
22. Address	
23. Preferences	

24. Parties have been told that the use of alternate dispute resolution is voluntary and that they are not required to participate in order to resolve the dispute:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. Do the parties have any objection to the use of co-facilitators?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section V - Scheduling

25. Location of the facilitation session (address, room number)		
27. Three dates when parties agree to make themselves available for facilitation		
a) First choice _____	b) Second choice _____	c) Third choice _____