



# U.S. DEPARTMENT OF ENERGY EEO PRE-COUNSELING INTAKE

## PART I. COMPLAINANT CONTACT INFORMATION:

1. NAME: \_\_\_\_\_
2. PREFERRED MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
3. HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_
4. PREFERRED EMAIL: \_\_\_\_\_

*If you are a current DOE employee, please complete the following:*

5. DOE OFFICE: \_\_\_\_\_
6. OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
7. JOB TITLE, SERIES, GRADE: \_\_\_\_\_

## PART 2. DISCRIMINATION INFORMATION:

*Prohibited discrimination includes actions taken based upon your race, sex, color, religion, age (40 and over), national origin, physical and/or mental disability, genetic information, status as a parent, pregnancy, sexual orientation or in reprisal for participation in previously protected EEO activity.*

BASIS(ES) OF DISCRIMINATION (CHECK APPROPRIATE BOX/BOXES AND COMPLETE INFORMATION)			
<input type="checkbox"/>	RACE (SPECIFY)	<input type="checkbox"/>	RELIGION (SPECIFY)
<input type="checkbox"/>	COLOR (SPECIFY)	<input type="checkbox"/>	NATIONAL ORIGIN (SPECIFY)
<input type="checkbox"/>	SEX ( ) FEMALE ( ) MALE	<input type="checkbox"/>	DISABILITY ( ) MENTAL ( ) PHYSICAL
<input type="checkbox"/>	AGE (SPECIFY DATE OF BIRTH)	<input type="checkbox"/>	REPRISAL (List prior EEO activity, case number if known, and date of activity)
<input type="checkbox"/>	GENETIC INFORMATION	<input type="checkbox"/>	PREGNANCY
<input type="checkbox"/>	SEXUAL ORIENTATION	<input type="checkbox"/>	STATUS AS A PARENT

ISSUE(S) IN THE COMPLAINT (CHECK APPROPRIATE BOX/BOXES)					
<input type="checkbox"/>	NONSELECTION	<input type="checkbox"/>	AWARDS	<input type="checkbox"/>	RETIREMENT
<input type="checkbox"/>	DETAIL	<input type="checkbox"/>	TIME AND ATTENDANCE	<input type="checkbox"/>	SUSPENSION
<input type="checkbox"/>	REASSIGNMENT	<input type="checkbox"/>	SEPARATION/TERMINATION	<input type="checkbox"/>	DUTY HOURS
<input type="checkbox"/>	REPRIMAND	<input type="checkbox"/>	PERFORMANCE APPRAISAL	<input type="checkbox"/>	SEXUAL HARASSMENT
<input type="checkbox"/>	ASSIGNMENT OF DUTIES	<input type="checkbox"/>	WORK CONDITIONS	<input type="checkbox"/>	
<input type="checkbox"/>	OTHER (SPECIFY)				

**PART 3. EVENT INFORMATION:**

PROVIDE A BRIEF DESCRIPTION OF EACH ALLEGED DISCRIMINATORY INCIDENT, INCLUDING THE SPECIFIC DATE OF THE INCIDENT, AND (IF DIFFERENT) THE DATE YOU FIRST BECAME AWARE OF THE INCIDENT. (Attach supplemental sheets, if needed.):

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FOR EACH MANAGEMENT OFFICIAL INVOLVED IN THE ALLEGED DISCRIMINATORY INCIDENT, PROVIDE, NAME, TITLE AND A SUMMARY OF HIS/HER INVOLVEMENT:

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**PART 4. COUNSELOR CONTACT INFORMATION:**

I HAVE DISCUSSED MY COMPLAINT WITH AN  
EQUAL EMPLOYMENT OPPORTUNITY COUNSELOR:            ( ) YES            ( ) NO

NAME OF COUNSELOR: \_\_\_\_\_

DATE CONTACT WAS FIRST MADE WITH EEO OFFICE: \_\_\_\_\_

**PART 5. DESIRED RESOLUTION:**

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ARE YOU SEEKING COMPENSATORY DAMAGES?    ( ) YES            ( ) NO

*Compensatory damages: Money awarded to compensate for damages, injury, or another incurred loss. To receive compensatory damages, you will be requested to prove that a loss occurred, and that it was the result of the alleged discriminatory incident. The amount of the loss must be quantifiable.*

IF YES, WHAT ARE YOU SEEKING IN COMPENSATORY DAMAGES?

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**PART 6. UNION**

Are you a member of the Collective Bargaining Unit? ( ) YES ( ) NO

Have you filed a grievance (Informal or Formal) in this Matter? ( ) YES ( ) NO

**PART 7. ANONYMITY**

You have the right to remain anonymous at the informal (Counseling) stage of the EEO process. However, electing to remain anonymous may limit the EEO Counselor’s ability to discuss the issue with relevant individuals, and could therefore limit the possibility of early settlement. If you have any questions regarding the right to anonymity, you should discuss them with the EEO Counselor before deciding whether to waive your anonymity.

I elect to remain anonymous ( ) YES ( ) NO

**PART 8. REPRESENTATION**

If you are being represented, please provide the name, title, mailing address and phone number of your representative. If you later retain representation, you have a duty to notify the EEO Office, in writing, of the name, title, address and phone number of your representative.

( ) I waive the right to representation at this time ( ) The person listed below represents me

\_\_\_\_\_  
Name of Representative

\_\_\_\_\_  
Representative’s Title

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Email Address

**PART 9. ALTERNATIVE DISPUTE RESOLUTION (MEDIATION)**

You may choose to participate in the Alternative Dispute Resolution Program, and to have your EEO complaint mediated. In mediation, the parties will work with an impartial mediator, outside of the routine EEO administrative process, in an effort to resolve their differences. You should know that:

- a. Mediation is a confidential process;
- b. Mediation is voluntary, and you may elect to participate in mediation at any stage in the EEO process; and
- b. If mediation is unsuccessful, your EEO complaint will be reinstated - you do not give up your right to participate in the EEO complaint process.

*Your EEO Counselor will discuss mediation options with you, and help you decide if mediation is right for you.*

**PART 10. PRIVACY ACT STATEMENT**

TO PREVENT UNWARRANTED INVASION OF PRIVACY, ALL EMPLOYEES INVOLVED IN THE EEO PROCESS MUST BE AWARE OF AND EXERCISE DISCRETION WITH REGARD TO THE USE OF INFORMATION CONCERNING COMPLAINTS OF DISCRIMINATION OR INDIVIDUAL COMPLAINTS. IN THIS REGARD, THE REGULATORY PROHIBITION (10 CFR 1010.202) AGAINST USE OF CERTAIN OFFICIAL INFORMATION FOR PRIVATE PURPOSES HAS GENERAL APPLICABILITY. FURTHER, PRIVACY ACT (5 USC 522A) RESTRICTIONS AGAINST IMPROPER DISCLOSURE ARE BINDING ON AGENCY EMPLOYEES, INCLUDING COMPLAINANTS.

**PART 11. AUTHORIZATION**

I agree to the best of my knowledge that the information presented on this form is correct and that I have not filed an action with the MSPB on any of the issues presented in this complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EEO Counselor or EEO Office Staff Signature

\_\_\_\_\_  
Date

**PART 12. INSTRUCTIONS FOR SUBMITTING THIS FORM**

This form (and any attachments) may be submitted in person, via email, or by FAX to the appropriate office; to obtain contact information navigate to <http://science.energy.gov/isc/eo/>.