## **DEFENSE MEDIA ACTIVITY** EQUAL EMPLOYMENT OPPORTUNITY PRE-COMPLAINT WORKSHEET (This form is subject to the Brivary Act of 1974)

(This form is subject to the Privacy Act of 1974)

| Privacy | Act | Statement |
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Authority: 42 U.S.C. 2000e-16

1. INFORMAL DOCKET NO.

PRINCIPAL PURPOSE: To establish the case records and to assist in the processing of the complaint. ROUTINE USE: Used when needed by EEO officials, counselors and investigators of the Office of Diversity and Equal Opportunity. DISCLOSURE IS VOLUNTARY: If the individual does not furnish the information requested, there will be no adverse consequences. However, failure to furnish the information requested on the form may delay or impair processing of the complaint.

2. AGGRIEVED NAME (Last, First, MI)

| 3. GRADE/SERIES/TITLE  |                              | 4. EM                   | 4. EMPLOYEE ID NUMBER     |   | 5. DUTY SECTION               |  |
|--|------------------------------|-------------------------|---------------------------|---|-------------------------------|--|
|  |                              |                         | N/A                       |   |                               |  |
| 6. <mark>ARE YOU:</mark>   |                              |                         |                           |   |                               |  |
| EMPLOYEE FORMER EMPLOYEE APPLICANT   |                              |                         |                           |   |                               |  |
| 7. AGGRIEVED DUTY PHONE  | 8. AGGRIEVED HOME PHONE      |                         | 9. AGGRIEVED HOME ADDRESS |   |                               |  |
|  |                              |                         |                           |   |                               |  |
|  |                              |                         |                           |   |                               |  |
| 10. DATE COUNSELOR<br>CONTACTED  | 11. DATE OF MO<br>OCCURRENCE | 11. DATE OF MOST RECENT |                           | 12. AGGRIEVED INFORMED OF RIGHT TO<br>HAVE REPRESENTATIVE |                               |  |
|  |                              |                         |                           |   |                               |  |
|  |                              |                         |                           | L   |                               |  |
| 13. REPRESENTATIVE NAME  | 14. REPRE                    | ESENTA                  | TIVE ADDRESS              |   | 15. REPRESENTATIVE DUTY PHONE |  |
|  |                              |                         |                           | _   | 16. REPRESENTATIVE HOME PHONE |  |
|  |                              |                         |                           |   | 10. REPRESENTATIVE HOME PHONE |  |
| 17. AGGRIEVED INFORMED OF RIGH   | HT TO REMAIN A               | NONYM                   | IOUS DURING INFO          | RMAL S  | TAGE OF COMPLAINT, AND        |  |
| Desires Does not desire to remain anonymous                                      |                              |                         |                           |   |                               |  |
| 18. CHECK BELOW WHY YOU BELIE  | <b>EVE YOU WERE D</b>        | ISCRIM                  | IINATED AGAINST (         | BASIS):   | )                             |  |
| RACE (IF SO, STATE YOUR RACE)  |                              |                         |                           |   |                               |  |
| COLOR (IF SO, STATE YOUR COLOR)  |                              |                         |                           |   |                               |  |
| RELIGION (IF SO, STATE YOUR RELIGION)  |                              |                         |                           |   |                               |  |
| DISABILITY (IF SO, STATE MENTAL OR PHYSICAL, AND SPECIFY CONDITION)              |                              |                         |                           |   |                               |  |
| NATIONAL ORIGIN (IF SO, STATE YOUR NATIONAL ORIGIN)                              |                              |                         |                           |   |                               |  |
|  |                              |                         |                           |   |                               |  |
| AGE (IF SO, STATE YOUR AGE)  |                              |                         |                           |   |                               |  |
| SEX (IF SO, STATE YOUR SEX)  |                              |                         |                           |   |                               |  |
| PROTECTED GENETIC INFORMATION (IF SO, STATE WHAT INFORMATION)                    |                              |                         |                           |   |                               |  |
| REPRISAL/RETALIATION (IDENTIFY EARLIER EVENT AND/OR OPPOSED PRACTICE, GIVE DATE) |                              |                         |                           |   |                               |  |
| 18a. CHECK BELOW THE ISSUE ASSOCIATED WITH YOUR COMPLAINT:                       |                              |                         |                           |   |                               |  |
| 10a. CHECK BELOW THE ISSUE ASSO  | JCIATED WITH Y               | <b>OUR CO</b>           | UNIPLAINT:                |   |                               |  |

HARASSMENT DISCIPLINE REMOVAL

ASSIGNMENT OF DUTIES

| OTHER (PLEASE SPECIFY) |
|------------------------|
|------------------------|

## 18b. ISSUES AND BASIS (ES) AS PRESENTED TO COUNSELOR BY THE AGGRIEVED

19. AGGRIEVED DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACT(S)

| 20. ALLEGED RESPONSIBLE MANAGEMENT OFFICIAL(S) |                                 |                       |  |  |  |
|--|---------------------------------|-----------------------|--|--|--|
| NAME   | ORGANIZATION                    | DUTY TELEPHONE NUMBER |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |
| 21. WITNESSES AND MANAGEM                      | ENT OFFICIALS TO BE INTERVIEWED |                       |  |  |  |
| NAME   | ORGANIZATION                    | DUTY TELEPHONE NUMBER |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |
| 22. RESOLUTION DESIRED BY A                    | GGRIEVED:                       | ·                     |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |
|  |                                 |                       |  |  |  |

| 23. COMPLAINANT RECEIVED COUNSELING ON THE STEPS IN THE ADMINISTRATIVE C<br>MD 110 AND 29 CFR 1614.   | COMPLAINT PROCESS AS OUTLINED |  |  |  |
|---|-------------------------------|--|--|--|
| 24. AGGRIEVED PROVIDED COUNSELING ON OTHER AVENUES OF REDRESS:  |                               |  |  |  |
| MERIT SYSTEMPROTECTION BOARD  | CEPROCEDURE                   |  |  |  |
| □ OFFICE OF SPECIAL COUNSEL □ OPM GRIEVANCE PROCEDURES  |                               |  |  |  |
| 25. COMPLAINANT OFFERED ALTERNATIVE DISPUTE RESOLUTUTION AS A MEANS TO  | RESOLVE THE COMPLAINT:        |  |  |  |
| ACCEPTED REJECTED   |                               |  |  |  |
| 26. MANAGEMENT OFFERED ALTERNATIVE DISPUTE RESOLUTION AS A MEANS TO RE  | SOLVE THE COMPLAINT           |  |  |  |
| ACCEPTED REJECTED   |                               |  |  |  |
| 27. RELIEF SOUGHT (Specific corrective action (s) resolve the allegation). If more than one allegation, state the specific corrective action Desired for each allegation) |                               |  |  |  |
|   |                               |  |  |  |
|   |                               |  |  |  |
|   |                               |  |  |  |
|   |                               |  |  |  |
| 28. AGGRIEVED SIGNATURE   | 29. DATE                      |  |  |  |
| 30. EEO COUNSELOR SIGNATURE   | 31. DATE                      |  |  |  |
| 32. COUNSELOR FINDINGS AND ADVICE TO MANAGEMENT FOR THE AGGRIEVED AS APPROPRIATE COUNSELORS ARE NOT<br>TO MAKE RECOMMENDATIONS ON THE EVENTS OF AN AGGRIEVED:             |                               |  |  |  |
|   |                               |  |  |  |
|   |                               |  |  |  |
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|   |                               |  |  |  |
| 33. INTERVIEW CONDUCTED BY:   | 34. DATE                      |  |  |  |
| 35. NOTICE OF RIGHT TO FILE FORMAL COMPLAINT ISSUED BY (FULL NAME):   | 36. DATE                      |  |  |  |
| 37. NOTICE OF FINAL INTERVIEW ISSUED BY (FULL NAME):  | 38. DATE                      |  |  |  |