DEFENSE MEDIA ACTIVITY

EQUAL EMPLOYMENT OPPORTUNITY PRE-COMPLAINT WORKSHEET (This form is subject to the Privacy Act of 1974)

Privacy	Act	Statement
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Authority: 42 U.S.C. 2000e-16 PRINCIPAL PURPOSE: To establish the ROUTINE USE: Used when needed by E DISCLOSURE IS VOLUNTARY: If the failure to furnish the information request	EO officials, counselor individual does not fu	rs and investigators of the Ornish the information reque	Office of Div	versity and Equal Opportunity. will be no adverse consequences. However,	
1. INFORMAL DOCKET NO.		2. AGGRIEVED NAME (Last, First, MI)			
3. GRADE/SERIES/TITLE		. EMPLOYEE ID NUMBER		5. DUTY SECTION	
		N/A			
6. ARE YOU:					
☐ EMPLOYEE ☐ FORMER EM	DLOVEE ADD	PLICANT			
EMPLOYEE FORMER EM	FLOTEE AFF	LICANI			
7. AGGRIEVED DUTY PHONE	8. AGGRIEVED H	OME PHONE	9. AGGRIEVED HOME ADDRESS		
10. DATE COUNSELOR CONTACTED	11. DATE OF MOST RECENT			12. AGGRIEVED INFORMED OF RIGHT TO HAVE REPRESENTATIVE	
CONTACTED	OCCURRENCE		_		
				YES NO	
13. REPRESENTATIVE NAME	14. REPRES	ENTATIVE ADDRESS	15	5. REPRESENTATIVE DUTY PHONE	
			10	6. REPRESENTATIVE HOME PHONE	
17 ACCRIEVED DECORATED OF DICK	TO DEMAIN AND		DMAL CT	A CE OF COMPLAINT AND	
17. AGGRIEVED INFORMED OF RIGHT			KMAL ST	AGE OF COMPLAIN I, AND	
☐ DESIRES ☐ DOES NO	T DESIRE TO REMA	AINANONYMOUS			
18. CHECK BELOW WHY YOU BELIE	VE YOU WERE DIS	CRIMINATED 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)					
WITTOWNE ORIGIN (IF 50, STATE I	OUR 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:					
☐ SELECTION ☐ PROMOTION ☐	HARASSMENT DI	ISCIPLINE REMOVAL		ASSIGNMENT OF DUTIES	

OTHER (PLEASE SPECIFY)		
ISSUES AND BASIS (ES) AS PRESI	ENTED TO COUNSELOR BY THE AGGRIEV	FD
. ISSUES AND DASIS (ES) AS I RESI	ENTED TO COUNSELOK BT THE AGGREY	ED
AGGRIEVED DESCRIPTION OF TH	HE ALLEGED DISCRIMINATORY ACT(S)	
ALLEGED RESPONSIBLE MANAGE		
NAME	ORGANIZATION	DUTY TELEPHONE NUMBER
WITNESSES AND MANAGEMENT	OFFICIALS TO BE INTERVIEWED	
NAME	ORGANIZATION	DUTY TELEPHONE NUMBER
RESOLUTION DESIDED BY ACCD	IFVFD.	
RESOLUTION DESIRED BY AGGR	IEVED:	

23. COMPLAINANT RECEIVED COUNSELING ON THE STEPS IN THE ADMINISTRATIVE COMPLAINT PROCESS AS OUTLINED MD 110 AND 29 CFR 1614.						
24. AGGRIEVED PROVIDED COUNSELING ON OTHER AVENUES OF REDRESS:						
☐ MERIT SYSTEMPROTECTION BOARD ☐ NEGOTIATED AGREEMENT GRIEVANO	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 TO MAKE RECOMMENDATIONS ON THE EVENTS OF AN AGGRIEVED:						
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					