

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

Privacy Act Statement

Authority: 42 U.S.C. 2000e-16

**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.

1. INFORMAL DOCKET NO.		2. <b>AGGRIEVED NAME (Last, First, MI)</b>	
3. <b>GRADE/SERIES/TITLE</b>		4. EMPLOYEE ID NUMBER  N/A	5. <b>DUTY SECTION</b>
6. <b>ARE YOU:</b>  <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> FORMER EMPLOYEE <input type="checkbox"/> APPLICANT			
7. <b>AGGRIEVED DUTY PHONE</b>	8. <b>AGGRIEVED HOME PHONE</b>	9. <b>AGGRIEVED HOME ADDRESS</b>	
10. DATE COUNSELOR CONTACTED	11. <b>DATE OF MOST RECENT OCCURRENCE</b>	12. AGGRIEVED INFORMED OF RIGHT TO HAVE REPRESENTATIVE  <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. REPRESENTATIVE NAME		14. REPRESENTATIVE ADDRESS	15. REPRESENTATIVE DUTY PHONE
			16. REPRESENTATIVE HOME PHONE
17. <b>AGGRIEVED INFORMED OF RIGHT TO REMAIN ANONYMOUS DURING INFORMAL STAGE OF COMPLAINT, AND</b>  <input type="checkbox"/> DESIRES <input type="checkbox"/> DOES NOT DESIRE TO REMAIN ANONYMOUS			
18. <b>CHECK BELOW WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (BASIS):</b>			
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. <b>CHECK BELOW THE ISSUE ASSOCIATED WITH YOUR COMPLAINT:</b>			
<input type="checkbox"/> SELECTION <input type="checkbox"/> PROMOTION <input type="checkbox"/> HARASSMENT <input type="checkbox"/> DISCIPLINE <input type="checkbox"/> REMOVAL <input type="checkbox"/> 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 MANAGEMENT OFFICIALS TO BE INTERVIEWED**

NAME	ORGANIZATION	DUTY TELEPHONE NUMBER

**22. RESOLUTION DESIRED BY AGGRIEVED:**

