



## COMPLAINT FORM FOR ALLEGATIONS OF DISCRIMINATION IN PROGRAMS OR ACTIVITIES CONDUCTED BY THE SOCIAL SECURITY ADMINISTRATION

The purpose of this form is to assist you in filing a discrimination complaint with the Social Security Administration (SSA) regarding programs and activities that are conducted by SSA. This form is not intended to be used for complaints about employment with SSA. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you must include the same information that is requested in the form.

Complaints of discrimination usually must be filed within 180 days of the action you allege to have been based on discrimination. If the action took place more than 180 days ago, you must explain why you waited to file the complaint. SSA will waive the 180-day requirement in cases where we believe there was good cause (extenuating circumstances) for the late filing.

If you believe that SSA, an SSA employee, an SSA contractor, or an agent of SSA discriminated against you, someone you know, or a class of people in connection with an SSA program or activity, **and** you believe that the discrimination was based on race, color, national origin (including English language ability), religion, sex, sexual orientation, age, disability, or in retaliation for your having participated in a proceeding under this complaint process, you may file a complaint or have a representative file a complaint on your behalf. You may also file a complaint if you believe that SSA discriminated on the basis of status as a parent in education or training programs or activities conducted by SSA. To file a complaint, please mail a completed and signed discrimination complaint form and a signed consent and release form to:

Social Security Administration  
Civil Rights Complaint Adjudication Office  
Suite No. 47  
P.O. Box 26430  
Baltimore, MD 21207

If you wish to file a complaint, or if you have questions about a complaint you have already filed, you may write to us at the above address or you may call us on the following toll-free number: (866) 574-0374. Persons who file discrimination complaints or who participate in a complaint filed by another are protected from intimidation or retaliation for having taken actions to ensure nondiscrimination.

## Social Security Administration Discrimination Complaint Form

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1. Person(s) allegedly discriminated against:

State your name and address and Social Security number.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_

Daytime phone number where you can be reached: \_\_\_\_\_

Social Security number: \_\_\_\_\_

2A. Person filing complaint, if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_

Daytime phone number where person(s) can be reached: \_\_\_\_\_

2B. Please explain your relationship to the person(s) identified in question 1.

\_\_\_\_\_

3A. Please check the basis (or bases) on which you believe SSA discriminated and the type of discrimination you allege occurred. (For example, if your national origin is Vietnamese and you believe that SSA discriminated against you for this reason, then mark the form this way: “ X National Origin: Vietnamese ”.)

\_\_\_\_\_ Disability: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Sexual Orientation: \_\_\_\_\_

\_\_\_\_\_ Race: \_\_\_\_\_ Status as a Parent: \_\_\_\_\_

\_\_\_\_\_ Color: \_\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_\_\_ National origin: \_\_\_\_\_ Retaliation: \_\_\_\_\_

\_\_\_\_\_ Limited ability to speak English: \_\_\_\_\_

3B. Does your complaint concern employment with SSA? If so, you should not use this form, but you must contact an SSA EEO Counselor within 45 days of the action that you believe to be discriminatory. The procedure for filing a complaint of employment discrimination is described at 29 C.F.R. Part 1614. To get in touch with an EEO Counselor, you may call SSA’s Office of Civil Rights and Equal Opportunity on the following toll-free number: (866) 744-0374.

3C. Does your complaint concern a decision that was made on a claim you filed for Social Security benefits? If you disagree with a decision that was made on a claim you filed for benefits, you **must** appeal that decision according to the procedure described in the notice of appeal rights that accompanied the decision. If you believe the decision was based on discrimination, you may file a complaint of discrimination using this form, but even if we find that you were discriminated

against, that would not mean that the decision on your claim for benefits would change. A decision can still be a correct application of the law even if the decisionmaker was biased. The **only** way to get the benefits decision changed is to file an appeal of that decision.

4. To the best of your recollection, on what date(s) did the alleged discrimination take place? \_\_\_\_\_

5. Complaints must generally be filed within 180 days of the alleged discrimination. If the date of discrimination listed above is more than 180 days ago, you may request a waiver of the time limit for filing a complaint. If you wish to request a waiver, please explain why you waited until now to file your complaint.

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6. Please tell us as clearly as possible what happened, why you believe it happened and how you believe you were discriminated against. Identify the person(s) who were involved. Be sure to include how other persons were treated differently from you or the person whom you allege was discriminated against. Please use additional sheets if necessary and attach a copy of any written materials related to your complaint.

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7. If you believe that you were retaliated against for filing or participating in a prior discrimination complaint, please explain the circumstances below. Be sure to explain what actions you took that you believe led to the retaliation.

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8. Please list the names, addresses and phone numbers of any persons, including SSA employees if known, who may have witnessed, or have additional information about, the action(s) that are the subject of your complaint.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. What remedy are you seeking for the alleged discrimination?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10A. Have you, or has the person discriminated against, filed the same or any other complaints with any other offices of the Social Security Administration (e.g., an SSA Field Office, an SSA Hearing Office, the Office of Disability Adjudication and Review, the Office of the Inspector General, etc.)? If yes, identify the office.

\_\_\_\_\_ Yes \_\_\_\_\_ No  
Name/location of office where complaint was filed

10B. When was the complaint filed? \_\_\_\_\_

10C. What was the complaint about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Did you write to or talk with any SSA official(s) about the actions you believe to be discrimination? If so, identify the official(s) and describe what happened.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please feel free to add additional sheets to explain your concerns to us.

We will need your consent to disclose your name to persons not employed by SSA, if this becomes necessary in the course of any investigation. Therefore, we will need a signed "Consent and Release Form" from you. The "Consent and Release Form" is located at page 6 of this form. If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a "Consent and Release Form" signed by that person. If it is not possible to provide a "Consent and Release Form" signed by that person, please explain why it is not.

Please review the "Notice about Investigatory Uses of Personal Information" for information about what use will be made of any information you provide us in connection with your complaint. The "Notice about Investigatory Uses of Personal Information" is located at pages 7 through 8 of this form. After reviewing the Notice, please sign the "Complainant Consent and Release Form." Please mail the completed, signed Discrimination Complaint form (pages 1 through 5) and the signed Consent and Release form (page 6) to:

Social Security Administration  
Civil Rights Complaint Adjudication Office  
Suite No. 47  
P.O. Box 26430  
Baltimore, MD 21207

Toll-free number: (866) 574-0374

Please make a copy of these forms for your records.

13. How did you learn that you could file this complaint? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## COMPLAINANT CONSENT AND RELEASE FORM

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

*Please read the information below, check the appropriate box, and sign this form.*

I have read the "Notice about Investigatory Uses of Personal Information." As a complainant, I understand that in order for SSA to investigate the allegations in my complaint, it will likely be necessary for SSA to reveal my identity to the person(s) alleged to have discriminated against me and to disclose information about my complaint to such person(s), including details I have provided as part of my complaint. I understand that SSA will disclose information about my complaint, including personally identifying details, to SSA officials who have a need to know this information. I understand that SSA may need to obtain information about me from individuals and entities outside of SSA and that SSA may need to disclose information about me to persons not employed by SSA when this is necessary to investigate my complaint. I understand that SSA is required to honor requests under the Freedom of Information Act. Finally, I understand that as a complainant, I may not be intimidated or retaliated against for having filed a discrimination complaint against SSA or for having participated in a complaint filed by or on behalf of someone else against SSA.

### CONSENT AND RELEASE

CONSENT -- I have read and understand the above information and I authorize SSA to reveal my identity to persons not employed by SSA. I hereby authorize SSA to receive information and material about me that is pertinent to the investigation of my complaint from individuals and entities outside of SSA. This release includes but is not limited to, personal records and medical records. I understand that the material and information will be used for the purpose of investigating and adjudicating my complaint. I further understand that I am not required to authorize this release, and I do so voluntarily.

CONSENT DENIED -- I have read and understand the above information and I do not want SSA to reveal my identity to the person(s) I allege discriminated against me, to other SSA officials or to persons not employed by SSA. I do not want SSA to obtain copies of material and information about me pertinent to my complaint from individuals and entities outside of SSA. I understand that this is likely to impede the investigation of my complaint and may result in the complaint being closed.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

### NOTICE OF COMPLAINANT AND INTERVIEWEE RIGHTS AND PRIVILEGES

Complainants and individuals who cooperate in an investigation by the Social Security Administration (SSA) into an allegation of discrimination are afforded certain rights and protections. This brief description will provide you with an overview of these rights and protections.

- No SSA employee, agent or contractor may intimidate, threaten, coerce or discriminate against any individual because he or she has made a complaint, provided a statement or assisted or participated in any manner in an investigation or other proceeding regarding a complaint of discrimination involving programs or activities conducted by SSA.
- Information obtained from the complainant or any other individual regarding a complaint of discrimination is maintained in SSA's civil rights complaint files. Information in these files may be exempt from disclosure under the Privacy Act or under the Freedom of Information Act ("FOIA") if release of such information would constitute an unwarranted invasion of personal privacy.

*There are two laws governing personal information submitted to any Federal agency, including SSA: The Privacy Act of 1974 (5 U.S.C. § 552a), and the Freedom of Information Act (5 U.S.C. § 552).*

**THE PRIVACY ACT** protects individuals from misuse of personal information held by the Federal Government. The law applies to records that are kept and that can be located by the individual's name or Social Security number or some other personal identifier. Persons who submit information to SSA in connection with a complaint of discrimination involving programs or activities conducted by SSA should know that:

- SSA will investigate complaints of discrimination on the basis of race, color, national origin (including complaints based on limited ability to speak English), sex, sexual orientation, disability, age, religion and retaliation for having participated in a proceeding under this complaint process. SSA will also investigate complaints of discrimination on the basis of status as a parent in education and training programs and activities conducted by SSA.
- Information that SSA collects about a complaint of discrimination is analyzed by authorized personnel within SSA. The information collected may include information contained in files SSA maintains on claims for benefits, hearing transcripts, personnel records, and other personal information. SSA staff may need to reveal certain information collected in connection with a complaint to persons inside and outside SSA in the course of verifying facts or gathering new facts to

develop a basis for making a decision on whether a civil rights violation occurred. SSA may also be required to reveal certain information collected in connection with a complaint to any individual who requests it under the provisions of the FOIA. (See below.)

- Personal information provided by an individual will be used only for the specific purpose for which it was submitted, that is for authorized civil rights investigation and compliance activities. Except when required by law and for certain routine uses authorized under the Privacy Act, SSA will not release information collected in connection with a complaint of discrimination to any person or entity outside SSA unless the individual who supplied the information submits a written consent to its release. One of these exceptions is when release is required under the FOIA. (See below.)
- No law requires a complainant to give personal information to SSA about an alleged act of discrimination in the conduct of an SSA program or activity, and SSA will not impose sanctions on an individual who declines to provide information related to the complaint. However, if SSA is unable to obtain information it needs to investigate or decide an allegation of discrimination, it may be necessary to close the investigation.
- The Privacy Act permits certain types of systems of records to be exempt from some of its requirements, including the provisions related to access to records. SSA may deny a complainant access to the files compiled during the investigation of his or her civil rights complaint. Complaint files are exempt in order to aid negotiations in resolving civil rights issues and to encourage individuals and entities to furnish information essential to the investigation.
- SSA does not reveal the name of or other identifying information about an individual who has filed a complaint or participated in an investigation unless it is necessary for the completion of an investigation or an enforcement proceeding, or unless such information is required to be disclosed under FOIA or the Privacy Act. SSA will keep the identify of complainants confidential except to the extent necessary to carry out the purposes of the civil rights laws and SSA policies related to nondiscrimination, or unless disclosure is required under FOIA or the Privacy Act, or otherwise required by law.

**The Freedom of Information Act, or "FOIA"** gives the public access to certain files and records of the Federal Government. Individuals can obtain items from many categories of records of the Government, not just materials that apply to them personally. SSA must honor requests under FOIA, with some exceptions. SSA generally is not required to release documents collected during an investigation or enforcement proceeding if the release could have an adverse effect on the ability of the agency to do its job. Also, any Federal agency may refuse a request for records compiled for law enforcement purposes if their release could be an "unwarranted invasion of privacy" of the individual. Requests for other records, such as personnel



and medical files, may be denied where the disclosure would be a “clearly unwarranted invasion of privacy.”

### THE PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 1 hour to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*