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Daniel Brinza,

Assistant United States Trade Representative, for Monitoring and Enforcement.

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DEPARTMENT OF TRANSPORTATION

Office of the Secretary

[Docket No. OST-2009-0121]

Notice of Request for Information Collection Approval

AGENCY: Office of the Secretary.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, (44 U.S.C. 3501 *et seq.*) this notice announces the U.S. Department of Transportation's (DOT) intention to renew the utilization of the individual employment discrimination complaint form when processing Equal Employment Opportunity (EEO) discrimination complaints filed by applicants for employment with the Department. The Office of Management and Budget (OMB) approved the form in 2006 with its renewal required by July 31, 2009.

DATES: Comments on this notice must be received by July 21, 2009.

ADDRESSES: You may submit comments [identified by DOT Docket Number OST-2009-0121] by any of the following methods:

- *Web Site:* <http://www.regulations.gov>.

Follow the instructions for submitting comments on the DOT electronic docket site.

- *Fax:* 202-493-2251.

- *Mail:* Docket Operations, U.S. Department of Transportation, 1200 New Jersey Avenue, SE., West Building, Room W12-140, Washington, DC 20590.

- *Hand Delivery or Courier:* West Building, Room W12-140, 1200 New Jersey Avenue, SE., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except on Federal holidays.

- *Federal eRulemaking Portal:* Go to <http://www.regulations.gov>. Follow the online instructions for submitting comments.

Instructions: All submissions must include the agency name (Office of the Secretary, DOT) and docket number for this rulemaking. You should provide two copies of your comments if you submit them by mail or courier. Note that all comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided, and will be available to Internet users. You may review DOT's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (65 FR 19477) or you may visit <http://www.regulations.gov>.

Docket: For Internet access to the docket to read background documents and comments received, go to <http://www.regulations.gov>. Background documents and comments received may also be viewed at the U.S. Department of Transportation, 1200 New Jersey Avenue, SE., Docket Operations, West Building, Room W12-140, Washington, DC 20590, between 9 a.m. and 5 p.m., Monday through Friday, except Federal Holidays.

FOR FURTHER INFORMATION CONTACT: Tami Wright, Associate Director, Compliance Operations Division (S-34), Departmental Office of Civil Rights, Office of the Secretary, U.S. Department of Transportation, 1200 New Jersey Avenue, SE., Washington, DC 20590, 202-366-9370 or (TTY) 202-366-0663.

SUPPLEMENTARY INFORMATION:

Form Title: Individual Complaint of Employment Discrimination.

OMB Control Number: OMB #2105-0556.

Type of Request: OMB renewal.

Abstract: DOT will utilize the form to collect information necessary to process EEO discrimination complaints filed by individuals who are not Federal employees and are applicants for employment with the Department. These complaints are processed in accordance with the Equal Employment Opportunity Commission's regulations, 29 CFR part 1614, as amended. DOT will use the form to: (a) Request requisite information from the applicant for processing his/her EEO employment discrimination complaint; and (b) obtain information to identify an individual or his or her attorney or other representative, if appropriate. An applicant's filing of an EEO employment complaint is solely voluntary. DOT estimates that it takes an applicant approximately one hour to complete the form.

Respondents: Job Applicants filing EEO employment discrimination complaints.

Estimated Number of Respondents: 10 per year.

Estimated Total Burden on Respondents: 10 hours per year.

Comments are invited on: (a) Whether the proposed collection of information is reasonable for the proper performance of the EEO functions of the Department, and (b) the accuracy of the Department's estimate of the burden of the proposed information collection. All responses to the notice will be summarized and included in the request for Office of Management and Budget approval. All comments also will become a matter of public record.

Issued in Washington, DC, on May 15, 2009.

Mary N. Whigham Jones,

Acting Director, Departmental Office of Civil Rights.

BILLING CODE 4910-9X-P

OMB No:
Expiration Date:

PAPERWORK REDUCTION ACT BURDEN STATEMENT

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays valid OMB control number. The public reporting burden for this voluntary collection of information is estimated to average 1 hour per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the U.S. Department of Transportation, Departmental Office of Civil Rights, S-30, 1200 New Jersey Avenue, SE, Washington, DC 20590



**DEPARTMENT OF TRANSPORTATION
INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION
FORM INSTRUCTIONS**

*(Read the following instructions carefully before you complete this form)
(Please complete all items on the complaint form)*

GENERAL: This form should be used only if you, as an applicant for employment with the Department of Transportation, or as a present or former Department of Transportation employee:

- 1) believe you have been discriminated against because of your **race, color, religion, sex, national origin, age** (40 years or older at the time of the event giving rise to your claim), **physical or mental disability, sexual orientation** or believe that you have been **retaliated** against for participating in activities by civil rights statutes. *(Sexual orientation complaints filed against the Department are processed in accordance with the Secretary of Transportation's Equal Employment Opportunity (EEO) Policy Statement dated May 7, 1993 and Executive Order 13087 issued May 28, 1998. Complaints based on sexual orientation are not covered by the Equal Employment Opportunity Commission regulations that govern the processing of Federal Sector discrimination complaints (Title 29 Code of Federal Regulations (C.F.R.), Part 1614.), and*
- 2) have presented the matter for informal resolution to an EEO Counselor within **45 days** of the event giving rise to your claim, or within **45 days** of first becoming aware of the alleged discrimination.

IMPORTANT NOTE: In certain situations, the information provided in Part III of the attached complaint form may be used in lieu of an affidavit in the investigation of your complaint. Accordingly, the information you provide in this part should be brief, clear, and complete.

WHEN TO FILE: In accordance with 29 C.F.R. § 1614.106, your formal complaint must be filed within **15 calendar days** of the date you received the Notice of Right to File a Discrimination Complaint form from your EEO Counselor. You must sign and date your complaint. If you are represented **by an attorney**, the attorney may sign the complaint on your behalf.

These time limits may be extended: **1)** if you show that you were not notified of the time limits and were not otherwise aware of them, or **2)** if you were prevented by circumstances beyond your control from submitting the matter within the time limits, or **3)** for other reasons considered sufficient by the Department.

REPRESENTATION: You may have a representative of your own choosing at all stages of the processing of your complaint. However, your representative will be disqualified if such representation would conflict with the official or collateral duties of the representative. No EEO Counselor or EEO Officer may serve as a representative. *(Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)*

WHERE TO FILE: The complaint should be filed with the Associate Director, Compliance Operations Division (S-34), Departmental Office of Civil Rights, 1200 New Jersey Avenue, S.E., 76-401, Washington, DC 20590. Filing instructions are contained in the "Right to File" form which was provided by your EEO Counselor. Keep a copy of the completed complaint form for your records.

(PLEASE ALSO READ THE PRIVACY ACT STATEMENT ON THE NEXT PAGE)

PRIVACY ACT STATEMENT

1. **FORM NUMBER/TITLE DATE:** Department of Transportation Form Number _____, Individual Complaint of Employment Discrimination with the Department of Transportation.
2. **AUTHORITY:** 42 U.S.C. 2000e; 29 U.S.C. 633a; PL 95-062 as amended; 5 U.S.C. 1303 and 1304; 5 C.F.R. 5.2 and 5.3; 29 C.F.R. 1614.105 and 1614.107; and Executive Order 11478, as amended.
3. **PRINCIPAL PURPOSES:** The purpose of this complaint form, whether recorded initially on the form or taken from a letter from the Complainant, is to record the filing of a formal written complaint of employment discrimination with the Department of Transportation on the grounds of race, color, religion, sex, national origin, age, physical or mental disability, sexual orientation or retaliation, and to reach a decision on the complaint. Information provided on this form will be used by the Department of Transportation to determine whether the complaint was timely filed and whether the claims in the complaint are within the purview of 29 C.F.R. Part 1614, and to provide a factual basis for investigation of the complaint.
4. **ROUTINE USES:** Other disclosures may be:
 - a. to respond to a request from a Member of Congress regarding the status of the complaint or appeal;
 - b. to respond to a court subpoena and/or to refer to a district court in connection with a civil suit;
 - c. to disclose information to authorized officials or personnel to adjudicate a complaint or appeal;
 - d. to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.
5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION:** Formal complaints of employment discrimination must be in writing, signed by the Complainant (or attorney representative), and must identify the parties and action or policy at issue. Failure to comply may result in the Department of Transportation dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

DETACH AND KEEP THIS PAGE WHEN YOU FILE YOUR COMPLAINT

 <p>INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION WITH THE DEPARTMENT OF TRANSPORTATION</p>		<p>FOR OFFICE USE ONLY</p> <p>DEPARTMENT CASE NUMBER _____</p> <p>FILING DATE _____</p>	
PART I COMPLAINANT IDENTIFICATION INFORMATION			
<p>1. Name (Last, First, Middle Initial)</p>	<p>5a. Name and Address of Organization Where You Work (If a Department of Transportation Employee)</p> <p>Office and Staff Symbol _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p>		
<p>2. Telephone/Fax (Include Area Code)</p> <p>Home: _____ Fax: _____</p> <p>Work: _____ Fax _____</p> <p>E-Mail: _____</p>	<p>5b. Last four digits of your Social Security Number: _____</p>		
<p>3. Present Home Address (You must notify the Departmental Office of Civil Rights of any changes of address while complaint is pending, or your complaint may be dismissed)</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p>	<p>6. Employment Status in Relation to this Complaint:</p> <p><input type="checkbox"/> Applicant <input type="checkbox"/> Probationary <input type="checkbox"/> Career/Career Conditional</p> <p><input type="checkbox"/> Former Employee _____</p> <p><input type="checkbox"/> Retired Date Last Employed at Department _____</p> <p><input type="checkbox"/> Other Date of Retirement _____</p> <p>Specify _____</p>		
<p>4. If you are a <i>current</i> or <i>former</i> employee of the federal government, list your most recent title, series, and grade.</p> <p>Title _____ Series _____ Grade _____</p>			
<p>7. I certify that <u>all</u> of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief.</p> <p style="text-align: center;">Signature of Complainant or ATTORNEY Representative _____ Date _____</p>			
PART II DESIGNATION OF REPRESENTATIVE			
<p>8. You may represent yourself in this complaint or you may choose someone to represent you. Your representative does not have to be an attorney. You may change your designation of a representative at a later date, but you must notify the Departmental Office of Civil Rights immediately in writing of any change, and you must include the same information requested in this Part.</p> <p>"I hereby designate _____ (Please Print Name) to serve as my representative during the course of this complaint. I understand that my representative is authorized to act on my behalf.</p>			
<p>9. Representative's Mailing Address</p> <p>Firm/Organization _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p>	<p>10. Representative's Employer (If Federal Agency)</p>		
	<p>11. Representative's Telephone/Fax (Include Area Code)</p> <p>Telephone: _____ Fax: _____</p>		
	<p>12. COMPLAINANT'S SIGNATURE _____ DATE _____</p>		

PART III ALLEGED DISCRIMINATORY ACTIONS													
<p>13. Name and Address of Agency/office that took the action at issue (if different than item 5.)</p> <p>Office and Organizational Component _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p>	<p>14. If your complaint involves nonselection for a position, please complete the following:</p> <table border="0"> <tr> <td>Position Title</td> <td>Series</td> <td>Grade</td> </tr> <tr> <td colspan="2">Vacancy Announcement No.</td> <td>Date Learned of Nonselection</td> </tr> </table>	Position Title	Series	Grade	Vacancy Announcement No.		Date Learned of Nonselection						
Position Title	Series	Grade											
Vacancy Announcement No.		Date Learned of Nonselection											
<p>15. (A) Describe the action taken against you that you believe was discriminatory; (B) Give the date the action occurred, and the name of each person responsible for the action; (C) Describe how you were treated differently than other employees or applicants because of your race, color, religion, sex, national origin, age, disability, or in retaliation for your participation in the EEO process or opposition to alleged discriminatory practices; (D) indicate what harm, if any, came to you in your work situation as a result of this action. (You may attach extra sheets.)</p>													
<p>16. Mark below ONLY the bases you believe were relied on to take the actions described in #15.</p> <table border="0"> <tr> <td><input type="checkbox"/> Race (State Race) _____</td> <td><input type="checkbox"/> Mental Disability (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Color (State Complexion) _____</td> <td><input type="checkbox"/> Physical Disability (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Religion (State Religion) _____</td> <td><input type="checkbox"/> Retaliation/Reprisal (Dates of prior EEO Activity) _____</td> </tr> <tr> <td><input type="checkbox"/> Sex (State Sex) _____</td> <td><input type="checkbox"/> Sexual Orientation (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> National Origin (Specify) _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Age (Date of Birth) _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Race (State Race) _____	<input type="checkbox"/> Mental Disability (Specify) _____	<input type="checkbox"/> Color (State Complexion) _____	<input type="checkbox"/> Physical Disability (Specify) _____	<input type="checkbox"/> Religion (State Religion) _____	<input type="checkbox"/> Retaliation/Reprisal (Dates of prior EEO Activity) _____	<input type="checkbox"/> Sex (State Sex) _____	<input type="checkbox"/> Sexual Orientation (Specify) _____	<input type="checkbox"/> National Origin (Specify) _____		<input type="checkbox"/> Age (Date of Birth) _____	
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<p>17. What remedial or corrective action are you seeking?</p>													
PART IV COUNSELOR CONTACT													
<p>18. When did the most <u>recent</u> discriminatory event occur?</p> <p>Month _____ Day _____ Year _____</p>	<p>23. When did you receive your Notice of Right to File?</p> <p>Month _____ Day _____ Year _____</p>												
<p>19. When did you first become aware of the alleged discrimination?</p> <p>Month _____ Day _____ Year _____</p>	<p>24. On this same matter, have you filed a grievance or appeal under:</p> <table border="0"> <tr> <td>Negotiated Grievance procedures</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Agency grievance procedure</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>MSPB appeal procedure</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table> <p>If you filed a grievance or appeal, provide date filed, case number, and present status.</p>	Negotiated Grievance procedures	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Agency grievance procedure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MSPB appeal procedure	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
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MSPB appeal procedure	<input type="checkbox"/> YES	<input type="checkbox"/> NO											
<p>20. When did you contact an EEO counselor?</p> <p>Month _____ Day _____ Year _____</p>													
<p>21. Did you discuss ALL actions raised in item 15 with an EEO Counselor? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain on attached sheet)</p>													
<p>22. Name and Telephone number of EEO Counselor</p> <p>_____</p> <p>Name Telephone No.</p>													