



U.S. Department of Transportation

OMB No: 2105-0556
Expiration Date: MM/DD/YYYY

Public Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0556. Public reporting for this collection of information is estimated to be approximately 2.5 hours per respondent, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Room W56-440, 1200 New Jersey Ave, SE, Washington, D.C. 20590.

Privacy Act Statement

The Privacy Act requires that we provide you with the following information regarding our use of your Personally Identifiable Information. The information on this form is solicited under the authority of 29 C.F.R. Part 1614. The purpose of this form is to inform Complainants about the EEO complaint process. Information provided on this form will be used by the Department of Transportation to determine whether the complaint was timely filed, whether the claims in the complaint are within the purview of 29 C.F.R. Part 1614, to provide a factual basis for investigation of the complaint, and to ensure that the proper processes were followed. 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.

U.S. Department of Transportation
Departmental Office of Civil Rights

ONE DOT Shared Neutrals Program
Formal Intake Form
FAX TO: (202) 493-2064

Date of Request: _____ Requesting Regional Office: _____

Responding Operating Administration: _____

Name of Agency POC: _____

Telephone #: _____ FAX#: _____

The following individual(s) request a mediation session in an attempt to resolve a dispute.

Complainant: _____ Position Title & Grade: _____

Complaint Number: _____

Address: _____

Telephone: (W) _____ (H) _____

Location of
Employment: _____ Basis: _____

Issues Accepted for Investigation: _____

Name of Responding Party: _____

Position, Title & Grade: _____

Address: _____

Telephone: (W) _____ (H) _____

Location of Employment: _____

Investigator Assigned: _____ Telephone #: _____

Do Not Complete

Date Contacted:

Complainant _____ Respondent _____ Confirmed Date: _____

Date Contacted:

Mediator _____ Date Assigned _____ Telephone # _____

Date Mediation Scheduled: _____ Time: _____ Location: _____

Special Accommodations: _____ No _____ Yes (Describe)

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