**Addendum to the Supporting Statement for SSA-437**

**Discrimination Complaint Form**

**OMB No. 0960-0585**

**Revisions to the Collection Instrument**

SSA is making the following revisions:

***Change 1:*** We are changing the title of the form.

* **Old Language:**

Complaint Form for Allegations of Discrimination in Programs or Activities Conducted by the Social Security Administration.

* **New Language:**

Complaint Form for Allegations of Program Discrimination by the Social Security Administration.

***Justification 1*:** We are making these changes for clarification purposes.

***Change 2:*** We are reformatting the cover page by reorganizing the introductory information into paragraphs with bolded titles and numbering the cover pages. We have taken explanatory information that was included in the body of the form and consolidated it into an introductory section.

***Justification 2:*** We are making these changes to emphasize certain content and to clarify the correct purpose for the form.

***Change 3:*** We have added language to the introductory section and to question number 4.

* **Old Language:**

It is against the law for a program conducted by SSA to discriminate against you based on any of the following reasons: race; color; national origin (including limited English proficiency); religion; sex; disability; age; sexual orientation; and parental status. (Note: Not all bases apply to all of SSA’s programs.) It also is unlawful for SSA to retaliate against you because you filed a discrimination complaint or to retaliate against anyone who assisted you in filing a complaint. Please specify the basis or bases on which you believe you were discriminated against.

* **New Language:**

It is against SSA policy for a program conducted by SSA to discriminate against you based on any of the following reasons: race; color; national origin (including limited English proficiency); religion; sex (including sexual orientation and gender identity); disability; age; and parental status. (Note: Not all bases apply to all of SSA's programs.). It also is against SSA policy to retaliate against you because you filed a discrimination complaint or to retaliate against anyone who assisted you in filing a complaint. Please specify the basis or bases on which you believe you were discriminated against.

***Justification 3:*** Comments were submitted to us on behalf of nine legal advocacy groups urging us to explicitly state that individuals may file complaints of discrimination on the basis of gender identity under this complaint process. The advocates said that having the complaint form clearly reflect SSA’s policy of prohibiting discrimination on the basis of gender identity would help make transgender individuals “aware of their rights, give them greater confidence in dealing with the agency, and help them determine the next steps to take if they experience adverse treatment.” The advocates also asserted that, “[h]istorically, few transgender people have filed complaints of discrimination with federal agencies due to the absence of explicit language in law or policies addressing gender identity and the widespread belief that transgender people were not protected by existing laws.” We determined that it was appropriate to clarify our form.

***Change 4:*** We added language to the introductory section to clarify the procedures an individual must follow if the individual’s complaint concerns the decision on a claim that arises under the Social Security Act or if it concerns the administrative processing of such a claim.

***Justification 4:*** We had previously included language on this topic in question number 3C but we eliminated this question and the discussion to the introductory section in order to clarify the subject and to emphasize the direction.

***Change 5:*** In the section entitled, "How and Where to File a Complaint," we are adding a fax number and an email address to which complaints may be sent. We also clarified that these options may also be used for inquiries about the status of complaints already filed.

***Justification 5:*** We are making these changes to provide additional options for filing complaints.

***Change 6:*** We are changing the order of questions 1 and 2 and 2A and renumbering 2A as 2.

***Justification 6:*** We are making this change for clarifying purposes. Individuals who are complaining about something they themselves have experienced file most of the complaints we receive. The first question on the form therefore causes some confusion. We believe that the form will be clearer if we ask first for the identity of the person filing the complaint and then for the identity of the person allegedly discriminated against.

***Change 7:*** We are renumbering questioning 2.B as 3.

***Justification 7:*** We are making these changes for clarification purposes.

***Change 8:*** We are renumbering question 3A as question 4 and we are replacing the boxes complainants formerly checked to say what type of discrimination they were alleging with a space where they can provide this information in a narrative format.

***Justification 8:*** We are making this change because using checked boxes to collect information about the basis and type of discrimination alleged was not giving us adequate information. What frequently happened was that rather than give details about the basis for the complaint, individuals would check every box when submitting the form.

***Change 9:*** We are eliminating questions 3B and 3C from the form and moving the information presented in these questions to the introductory statement of the form.

***Justification 9:*** Questions 3B and 3C were not “questions;” they provided information about matters that are not within the scope of the complaint process. We decided that this information should be in the introductory section of the form.

***Change 10:*** We are renumbering question 4 as 5; 5 as 6; 6 as 7; 7 as 8; 8 as 9; 9 as 10; 10 as 11; 11A as 12; 11B as 12A; 11C at 12B; 12 as 13; and 13 as 14. In some cases, we have clarified the wording of the questions, but not the substance.

***Justification 10:*** We are making these changes for clarification purposes.

***Change 11:*** We are adding a second sentence to question 11 (formerly 10) to clarify the information we are seeking in this question.

***Justification 11:*** We are making these changes for clarification purposes.

***Change 12:*** We are eliminating the requirement that complainants complete a “Consent and Release” form to say whether they do or do not consent to SSA disclosing information collected by this form to persons not employed by SSA.

***Justification 12:*** We determined that we had no business need for this form because there are almost no occasions when we would need to disclose information to someone outside of SSA and inclusion of the form caused confusion. We based the original version of SSA 437 on a complaint form we used for both Program Discrimination complaints and Civil Rights complaints. The Civil Rights complaints agencies will usually share information from the complaint with the recipient who allegedly discriminated against the complainant.

***Change 13:*** We are adding some optional questions on the program discrimination complaint form. In a section labeled as optional, complainants will be able to tell us whether they need special accommodations or foreign language interpreters to communicate with us about their complaint. We will also request program discrimination complainants to provide information about their race, ethnicity, and preferred language if other than English, also on a voluntary basis, and inform them that we are requesting the information to help us better serve the public.

***Justification 13:*** We determined that it is reasonable for us to use the program discrimination complaint form to collect information about accommodations individuals filing program discrimination complaints may need. We will need this information in order to conduct our investigation and to communicate with them. We also determined that collecting information about the race, ethnicity, and preferred languages of individuals filing program discrimination complaints would provide us with data that can use to provide better public service.

***Change 14:*** We changed the name of the office and the mailing address to which complaints are to be sent.

***Justification:*** We updated the name of the office based on our having clarified the name of the complaint process and we changed the address from a Post Office Box number to a street address.

We are revising the PRA statement to reflect our current boilerplate language.  The current language, which dates back to the last reprint of the form, is now outdated.

SSA’s Office of the General Counsel is conducting a systematic review of SSA’s Privacy Act Statements on agency forms. As a result, SSA is updating the Privacy Act Statement on the first page of the form.