		OMB	No. 1610-0001	Expiration Date: 8/31/14
DEPARTMENT (RITY		FICIAL USE ONLY	
INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION			DEPARTMEN	T CASE NUMBER
			FILING DATE	
(Use this form for origin	nal complaints and am	endments.)		
	PART I COMPLAIN	ANT IDENTIFICATION	·	
1. NAME (Last, First, Middle Initial)		5. NAME AND ADDRES WORK (If a Departme		
2. TELEPHONE/FAX (Include Area Code)		Bureau or Component	t	
Home Fax				
Work Fax		Office and Organizational Unit		
		Street Address		
 HOME ADDRESS (You must notify the Department of any change of address while complaint is pending, or your complaint may be dismissed.) IF YOU ARE A CURRENT OR FORMER EMPLOYEE OF THE FEDERAL GOVERNMENT, LIST YOUR RECENT TITLE, SERIES, AND GRADE. 		City	State	Zip Code
		6. EMPLOYMENT STATUS IN RELATION TO THIS COMPLAINT		
		Applicant Probationary Career/Career Conditional		
		Uniformed Service Member		
Title		Former Employee/Member		
			D	ate Left Department
Series Gra	ade	Retired	=	
			D	ate of Retirement
		U Other (Specify)		
7. I certify that <u>all</u> statements made in belief.	this complaint are true,	complete, and correct to	o the best of my	knowledge and
SIGNATURE OF COMPLAINANT OF	ITATIVE	DATE		
	PART II DESIGNATIO	N OF REPRESENTATI	VE	
8. YOU MAY REPRESENT YOURSEL REPRESENTATIVE DOES NOT HAN REPRESENTATIVE AT A LATER DA CHANGE, AND YOU MUST INCLUD	/E TO BE AN ATTORNEY	΄. YOU MAY CHANGE YC ΓΙΓΥ THE DEPARTMENT	OUR DESIGNATI IMMEDIATELY I	ON OF A
"I hereby designate (Please Print Na			to serve	
as my representative during the co on my behalf."	urse of this complaint. I	understand that my repr	resentative is au	uthorized to act
Is the representative an attorney?				
9. REPRESENTATIVE'S MAILING ADDRESS		10. REPRESENTATIVE	S EMPLOYER (I	f Federal Agency)
FIRM/ORGANIZATION				
STREET ADDRESS		11. REPRESENTATIVE'S TELEPHONE/FAX (Include Area Code)		
		Telephone	Fa	ax
CITY, STATE, & ZIP CODE		12a. COMPLAINANT'S	SIGNATURE	12b. DATE

PART III ALLEGED DISC	RIMINATORY ACTIONS		
13. NAME OF PERSON OR DHS COMPONENT WHO TOOK THE ACTION AT ISSUE.	14. ARE YOU WILLING TO PARTICIPATE IN MEDIATION OR OTHER AVAILABLE TYPES OF ALTERNATIVE DISPUTE RESOLUTION TO RESOLVE YOUR COMPLAINT?		
FIRM/ORGANIZATION	RESOLUTION TO RESOLVE TOUR COMPLAINT?		
STREET ADDRESS			
CITY, STATE, & ZIP CODE			
15 A Describe the action taken against you that you believe was	lippriminatory		
 A. Describe the action taken against you that you believe was on B. Give the date when the action occurred, and the name of ea 	-		
C. Describe how you were treated differently from other employ			
Item 16. D. Indicate what harm, if any, came to you in your work situatio attach extra sheets.)			
and will follow separate, parallel process.			
16. Mark below ONLY the bases you believe were relied on to take			
RACE (Specify)			
COLOR (Specify)	PHYSICAL OR MENTAL DISABILITY (Describe)		
RELIGION (Specify)	RETALIATION/REPRISAL (Dates of Prior EEO Activity)		
NATIONAL ORIGIN (Specify)	GENETIC INFORMATION		
SEX (Specify)	SEXUAL ORIENTATION		
Pregnancy Gender Identity	PARENTAL STATUS		
17. WHAT REMEDIAL OR CORRECTIVE ACTION ARE YOU SEE	KING TO RESOLVE THIS MATTER		
18. ON THIS SAME MATTER, HAVE YOU FILED A GRIEVANCE (
Negotiated grievance procedure			
Agency grievance procedure			
Merit Systems Protection Board appeal procedure			
If you filed a grievance or appeal, provide date filed, case numb	er and present status		
in you nieu a grevance or appeal, provide date nieu, ease numb			
PART IV 0	CONTACT		
EEO/EO Counseling is not required if you are requ	-		
Complete items 24 and 25, even it			
19. DATE YOU CONTACTED AN EEO COUNSELOR	20. NAME AND TELEPHONE NUMBER OF EEO COUNSELOR		
	Name Phone		
21. DID YOU DISCUSS ALL ACTIONS RAISED IN ITEM 15 WITH AN EEO COUNSELOR? (If NO, explain on attached sheet)	22. DATE YOU RECEIVED YOUR "NOTICE OF RIGHT TO FILE"		
TYES NO			
23. IF YOU ARE REQUESTING AMENDMENT OF AN EXISTING, EVIDENCE), INDICATE THE COMPLAINT CASE NUMBER OF			
24. DATE OF MOST RECENT DISCRIMINATORY EVENT			
27. DATE OF WOST RECENT DISCRIMINATORT EVENT	25. DATE YOU FIRST BECAME AWARE OF THE ALLEGED DISCRIMINATION		

DEPARTMENT OF HOMELAND SECURITY

DHS FORM 3090-1, 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.)

<u>GENERAL</u>: This form should be used only if you, as an applicant for employment with the Department of Homeland Security (DHS), or as a present or former Department of Homeland Security employee:

- 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, genetic information or in reprisal for opposition to activities protected by civil rights statutes, or participation in proceedings to enforce those statutes; or
- believe you have been discriminated against because of your parental status or sexual orientation. Your claim is not covered under statutory basis, but will be processed under a parallel procedure, <u>and</u>
- **3.** have presented the matter for informal resolution to an Equal Employment Opportunity (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. If you are amending or providing additional evidence to an existing open complaint, the form should be used, but EEO counseling is not required.

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.

<u>WHEN TO FILE:</u> In accordance with 29 CFR 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" 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
- if you were prevented by circumstances beyond your control from submitting the matter within the time limits, <u>or</u>
- 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, EEO Investigator 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: In accordance with 29 CFR 1614.106(c), your written complaint must be signed by you or your attorney. The complaint should be filed with the EEO Director of the Department of Homeland Security component where the alleged discrimination occurred. (Filing instructions are contained in the "Right to File" form, which was provided by your Counselor.) Keep a copy of the completed complaint form for your records.

PRIVACY ACT STATEMENT

- 1. <u>FORM/TITLE/DATE:</u> Department of Homeland Security (DHS) DHS Form 3090-1, Individual Complaint of Employment Discrimination with the Department of Homeland Security.
- **2.** <u>AUTHORITY:</u> 42 USC 2000e; 29 USC 633a; 5 USC 1303 and 1304; 5 CFR 5.2 and 5.3; 29 CFR 1614.105 and 1614.107; and Executive Order 11478, as amended.
- 3. <u>PRINCIPAL PURPOSES</u>: 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 Homeland Security on the grounds of race, color, religion, sex, national origin, age, physical or mental disability, protected genetic information, or retaliation. Information provided on this form will be used by DHS to determine whether the complaint was timely filed and whether the allegations in the complaint are within the purview of 29 CFR Part 1614, to provide a factual basis for investigation of the complaint, and to reach a decision on the complaint. It also records an amendment or additional evidence to an open, pending complaint.
- 4. **<u>ROUTINE USES:</u>** Other disclosures may be:
 - a. to respond to a request form 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; or
 - **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 OF 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 Homeland Security dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

OMB STATEMENT

In accordance with the Paperwork Reduction Act, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 1610-0001. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.