



Section I Claimant	Section II Service	Section III Employer	Section IV Claim Type	Comments	Signature
-----------------------	-----------------------	-------------------------	--------------------------	----------	-----------

**Punishment For Unlawful Statements**

The information provided in this complaint will be utilized by the U.S. Department of Labor, Veterans' Employment and Training Service (VETS) to initiate an investigation of alleged violations of the Uniformed Service Employment and Reemployment Rights Act (USERRA) and/or the Veterans' Preference (VP) provisions of the Veterans Employment Opportunities Act of 1998 (VEOA). Potential claimants should keep in mind that it is unlawful to "knowingly and willfully" make any "materially false, fictitious, or fraudulent statements or representation" to a Federal agency. Violations can be punished under Section 2 of the False Statements Accountability Act of 1996 by a fine and/or imprisonment of not more than 5 years. 18 U.S.C. § 1001.

I certify that the above information is true and correct to the best of my knowledge and belief. I authorize the U.S. Department of Labor to contact my employer or any other person for information concerning this claim. Pursuant to 5 U.S.C., Section 552(b) of the Privacy Act, I consent to the release of the above information and any records necessary for the investigation and prosecution of my claim.

Password:   
 Confirm Password: 
DATE:

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**Privacy Act Statement**

The primary use of this information is by staff of the Veterans' Employment and Training Service in investigating cases under USERRA or laws/regulations relating to veterans' preference in Federal employment. Disclosure of this information may be made to: a Federal, state or local agency for appropriate reasons; in connection with litigation; and to an individual or contractor performing a Federal function. Furnishing the information on this form, including your Social Security Number, is voluntary. However, failure to provide this information may jeopardize the Department of Labor's ability to provide assistance on your claim.

**To Submit 1010 Claim, click ONCE and wait for "Message" screen**

(For official use only): If this was a hard copy claim submitted by mail or fax to Atlanta Regional Lead Center (ARLC), the ARLC should fill-in here the date the claim was received by the ARLC:

Hard Copy Claim Submitted:  VETS Username:  VETS Password:

[▲ Back to Top](#)

[www.dol.gov](http://www.dol.gov)

[VETS Home Page](#) | [VETS Directory](#) | [DOL USERRA elaws Advisor](#) | [DOL VP elaws Advisor](#)  
[Privacy Policy](#)

**U.S. Department of Labor**  
Frances Perkins Building  
200 Constitution Avenue, NW  
Washington, DC 20210



1-866-4-USA-DOL  
TTY: 1-877-889-5627  
[Contact Us](#)