



Federal Communications Commission

Office of Workplace Diversity

OMB Control No. 3060-XXXX

Estimated Time Per Response: 3.5 hours

2017

FORMAL COMPLAINT OF DISCRIMINATION

PRIVACY ACT STATEMENT: 1. AUTHORITY - The authority to collect this information is derived from 42 U.S.C. § 2000e-16; 29 C.F.R. §§1614.106, 1614.108. **2. PURPOSE AND USE** - This information will be used to document the issues and allegations of a complaint of discrimination based on race, color, sex (including sexual harassment), religion, national origin, age, disability (physical or mental), genetic information, or reprisal. The signed statement will serve as the record necessary to initiate an investigation and will become part of the complaint file during the investigation or hearing, if any; adjudication and appeal, if one, to the Equal Employment Opportunity Commission. **3. EFFECTS OF NON - DISCLOSURE** - Submission of this information is **MANDATORY**. Failure to furnish this information will result in the return of the complaint without action.

1. NAME OF COMPLAINANT (Last, First, Middle Initial)			2. COMPLAINT TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Class	
3a. HOME PHONE NO.	3b. WORK PHONE NO.	3c. MOBILE PHONE NO.	4. ADDRESS (Include City, State, and ZIP Code)	
3d. PRIMARY EMAIL		3e. SECONDARY EMAIL		
5a. ARE YOU BEING REPRESENTED? <input type="checkbox"/> a. Yes (Complete 5b and 5c) <input type="checkbox"/> b. No			5c. ADDRESS, PHONE NUMBER AND EMAIL OF REPRESENTATIVE	
5b. IF YES, NAME OF REPRESENTATIVE				
6a. ARE YOU CURRENTLY A FEDERAL EMPLOYEE <input type="checkbox"/> a. Yes (Complete 6b and 6c) <input type="checkbox"/> b. No			6c. ADDRESS OF YOUR CURRENT POSITION	
6b. TITLE AND GRADE OF YOUR CURRENT POSITION			7. DATE ON WHICH MOST RECENT ALLEGED DISCRIMINATION OCCURRED	
8a. NAME OF INDIVIDUAL(S) YOU BELIEVE DISCRIMINATED AGAINST YOU			8b. SPECIFY BUREAU/OFFICE/DIVISION OF INDIVIDUAL(S) NAMED IN 8a.	

9. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check Below).

<input type="checkbox"/> a. RACE (State your Race) _____	f. AGE <input type="checkbox"/> (Specify Age) _____
<input type="checkbox"/> b. COLOR (State your Color) _____	g. DISABILITY <input type="checkbox"/> Mental <input type="checkbox"/> Physical
<input type="checkbox"/> c. RELIGION (State your Religion) _____	h. GENETIC INFORMATION: <input type="checkbox"/> Genetic Testing <input type="checkbox"/> Family Medical History <input type="checkbox"/> Genetic Services
<input type="checkbox"/> d. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Orientation <input type="checkbox"/> Gender Identity	i. REPRISAL <input type="checkbox"/>
<input type="checkbox"/> e. NATIONAL ORIGIN (State your National Origin) _____	

10. ISSUES IN THE COMPLAINT (CHECK APPROPRIATE BOX/BOXES)

<input type="checkbox"/> Accommodation (Medical)	<input type="checkbox"/> Duty Hours	<input type="checkbox"/> Reprimand	<input type="checkbox"/> Other _____
<input type="checkbox"/> Accommodation (Religious)	<input type="checkbox"/> Evaluation/Appraisal	<input type="checkbox"/> Retirement	
<input type="checkbox"/> Assignment of Duties	<input type="checkbox"/> Harassment	<input type="checkbox"/> Suspension	
<input type="checkbox"/> Awards	<input type="checkbox"/> Non-selection	<input type="checkbox"/> Telework	
<input type="checkbox"/> Demotion	<input type="checkbox"/> Reassignment	<input type="checkbox"/> Termination	
<input type="checkbox"/> Detail	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Terms/Conditions of Employment	
<input type="checkbox"/> Disciplinary Warnings	<input type="checkbox"/> Removal	<input type="checkbox"/> Training	

FORMAL COMPLAINT OF DISCRIMINATION

11a. I HAVE DISCUSSED MY COMPLAINT WITH AN EQUAL EMPLOYMENT OPPORTUNITY (EEO) COUNSELOR AND/OR OTHER EEO OFFICIAL

Date of First Contact with EEO Office: _____

11b. NAME OF EEO COUNSELOR: _____

11c. DATE OF INITIAL INTERVIEW: _____

11d. DATE OF RECEIPT OF NOTICE OF FINAL INTERVIEW WITH EEO COUNSELOR/RIGHT TO FILE: _____

12. EXPLAIN SPECIFICALLY HOW YOU WERE DISCRIMINATED AGAINST (Explain how you were treated differently from other employees, former employees or applicants, because of your race, color, religion, sex, national origin, age, mental or physical handicap, genetic information, or reprisal.) (If your complaint involves more than one basis for your dissatisfaction, list and number each such allegation separately and furnish specific, factual information in support of each allegation.) Attach additional sheets, if necessary.

13. WHAT SPECIFIC ACTION DO YOU WANT TAKEN TO RESOLVE YOUR COMPLAINT? (If more than one allegation is being made, state overall corrective action desired and the specific corrective action desired for each separate allegation.)

14. LIST THE NAMES OF YOUR WITNESSES AND THE FACTUAL INFORMATION EACH WITNESS WILL BE EXPECTED TO CONTRIBUTE THROUGH HIS/HER TESTIMONY TO THE INVESTIGATION OF YOUR COMPLAINT.

15a. HAS/HAVE THE MATTER(S) LISTED IN ITEM 12 BEEN APPEALED TO THE MERIT SYSTEM PROTECTION BOARD OR FILED UNDER THE NEGOTIATED GRIEVANCE PROCEDURE? Yes No

15b. If yes, provide date of appeal or filing and attach a copy of the appeal or filing _____

16. REMARKS (Use space to provide additional information)

17. SIGNATURE OF COMPLAINANT

18. DATE OF THIS COMPLAINT (*Month, Day, Year*)

DATE RECEIVED IN EEO OFFICE

NAME OF EEO REPRESENTATIVE

SIGNATURE OF REPRESENTATIVE

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3.5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project Project (3060-XXXX), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please **DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS**. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-XXXX.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995,
P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507**