



INSTRUCTIONS FOR COMPLETING EEO INFORMAL REPORT OF EEO COUNSELING FORM

The EEO Counselor is responsible for completing the EEO Counseling Report. Items 1 through 21 of the form must be completed and uploaded into iComplaints within ten (10) business days of the issuance of the Notice of Right to File. If you cannot obtain requested information, please make a note of this and attach it to this form. If the employee/applicant files a formal EEO discrimination complaint, you should forward to the aggrieved, and/or aggrieved's representative, a copy of this report, plus appropriate attachments. Note: The job application of another person, for example, is not appropriately included among attachments sent to the aggrieved.

The EEO Counselor is not the custodian of the EEO Counselor report system of records under the Privacy Act. Therefore, you must not for any reason or purpose keep a copy of the Report, or any enclosures, attachments, or notes, after you have been notified of the filing of an EEO complaint and have uploaded the originals into the Department's electronic tracking system, or after a period of 45 calendar days from the date of final interview. You should conduct the final interview within 30 calendar days after the date of initial contact with the employee/applicant, unless an extension has been granted. If an extension has been granted, EEO counseling must be completed and the Notice of Right to File a Formal EEO Discrimination Complaint must be issued within 90 calendar days of the date of initial contact.

A COPY OF THE EEO COUNSELING REPORT PLUS APPROPRIATE ATTACHMENTS MUST BE DELIVERED TO AGGRIEVED, OR AGGRIEVED'S REPRESENTATIVE, WHEN THE COMPLAINT IS FILED.



Privacy Act Statement

AUTHORITY: 29 U.S.C. § 206(d); 29 U.S.C. § 791; 42 U.S.C. § 2000e; 42 U.S.C. § 2000ff-(2); 29 U.S.C. § 633a; 5 U.S.C. § 1303-1304; 5 CFR § 5.2-5.3; 29 CFR § 1614.105, .107; Executive Order 11478, as amended; and Executive Order 13152 and Management Directive 110 (August 2015).

PRINCIPAL PURPOSE(S): This information is being collected for the sole purpose to record a pre-complaint allegation of employment discrimination with the Department of the Treasury on the grounds of race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, protected genetic information, parental status, or retaliation. An employee or applicant must participate in pre-complaint EEO counseling to informally resolve the allegation(s) per § 1614.105, prior to filing a formal EEO complaint of discrimination. Information provided on this form will be used by the employee/applicant at the end of pre-complaint counseling to determine if she/he wants to pursue filing a formal EEO complaint of discrimination against the Department of the Treasury. The information captured on this form will be reviewed by the Department of the Treasury when a formal EEO discrimination complaint is filed to determine whether allegations are within the purview of 29 CFR Part 1614, or the Executive Orders identified above.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. §552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in Treasury 013--Department of the Treasury Civil Rights Complaints and Compliance Review Files system of records notice (FR Doc No: 2011-22977).

PAPERWORK REDUCTION ACT STATEMENT: In accordance with the Paperwork Reduction Act of 1995, The Department of the Treasury may not conduct or sponsor, and the respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 1505-XXXX. The collection of this information is voluntary. However, the information is necessary to determine if your complaint of employment discrimination is acceptable for further processing in accordance with EEOC, 29 C.F.R. §1614. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the form. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden, to Department of the Treasury, Office of Civil Rights and Diversity, 1500 Pennsylvania Avenue, N.W., Washington, DC 20220.



**DEPARTMENT OF THE TREASURY
EQUAL EMPLOYMENT OPPORTUNITY INFORMAL REPORT OF COUNSELING**

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|---|--|---------------------------------------|--|
| Name of EEO Counselor Filing Report: | | Bureau name: | |
| EEO Counselor's E-mail Address: | | Informal Pre-Complaint Number: | |
| 1. Formal Complaint Processing Office: | 2. EEO Officer: | 3. Resolution Program Manager: | 4. Date Counseling First Sought: |
| Office of Civil Rights and Diversity Department of the Treasury 1500 Pennsylvania Avenue, NW Washington, DC 20220 | | | 5. Date of Initial Interview: |
| | | | |
| 6. Employee or Applicant: | | 7. Matter Causing Complaint or Issue: | |
| Name: | | Appointment/Hire | Pay Including Overtime |
| Title: | | Assignment of Duties | Promotion/ Non-Selection |
| Grade & Series: | | Awards | Reasonable Accommodation (Disability) |
| Office: | | Class Complaint | |
| Mailing Address: | | Conversion to Full-time | Reasonable Accommodation (Religious) |
| Telephone No.: | | Disciplinary Action: Demotion | Reassignment (Denied) |
| 8. Basis or Type of Discrimination: | | Disciplinary Action: Removal | Reassignment (Directed) |
| | | Disciplinary Action: Reprimand | Reinstatement |
| Age: | Month/Year: | Disciplinary Action: Suspension | Retirement |
| Race: | | Duty Hours | Termination |
| Color: | | Equal Pay | Terms/Conditions of Employment |
| National Origin: | | Examination/Test | Time and Attendance |
| Religion: | | Evaluation/Appraisal | Training |
| Disability: <input type="checkbox"/> Mental <input type="checkbox"/> Physical | | Harassment (Non-sexual) | Working Conditions |
| Retaliation/Reprisal Participation _____ [] Opposition _____ | | Harassment (Sexual) | Other <small>(Please describe the space provided at the bottom of this page)</small> |
| Protected Genetic Information | | Medical Examination | |
| Sex (Gender): | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| | <input type="checkbox"/> Pregnancy | | |
| | <input type="checkbox"/> Sexual Orientation | | |
| | <input type="checkbox"/> Gender Identity | | |
| Parental Status | With respect to an individual who is under the age of 18 or who is 18 or older but is incapable of self-care because of a physical or mental disability, is: a biological parent, an adoptive parent, a foster parent, a stepparent, a custodian of a legal ward, in loco parentis over such individual or actively seeking legal custody or adoption of such an individual. | | |
| (Other: Please describe below) Maximum characters and spaces is 1064. If additional space is required, please continue on a separate sheet of paper and attach it to this form. | | | |
| 9. Date Aggrieved signed the Notice of Rights and Responsibilities: | | | |



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|---|---|--|-----------|
| 10. An EEO Counselor cannot reveal the identity of a person who has come for EEO counseling, except when authorized to do so by the person counseled. | | | |
| Is Aggrieved willing to have his/her name revealed during the EEO counseling stage? If answer is "Yes," Aggrieved must consent on the Rights and Responsibilities sheet | | YES | NO |
| 11a. Date the Alleged Discrimination Occurred: | | 12a. Date Aggrieved became aware of alleged | |
| 11b. Organization Where Alleged Discrimination Occurred: | 12.b Explain if the date in 11a is different than the date in 12a. | | |
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| 13. If complaint appears to be untimely, what explanation is offered to explain why EEO Counselor was not contacted within 45 days? | | | |
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| 14. Report of EEO Counseling and information developed during inquiry <i>(Identify the source of each fact; attach relevant documents provided by employee/applicant, management officials involved, other witnesses, personnel, etc., or those obtained by the Counselor.) Attach separate page(s) if more space is required.</i> | | | |
| The maximum number of characters and spaces allowed is 1482. If additional space is needed, continue on a separate sheet of paper and attach it to this form. | | | |
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| 15. Remedial Action Desired by Aggrieved: | | | |
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|--|-------------|---|---|
| 16. Has Aggrieved raised the same matter under another procedure? If "yes", please attach supporting documentation. | | | |
| • On the same matter has Aggrieved filed a grievance under a negotiated grievance procedure? | | YES | NO |
| • On the same matter has Aggrieved filed a grievance under the Agency grievance system? | | YES | NO |
| • Has Aggrieved appealed to the Merit Systems Protection Board? | | YES | NO |
| If a grievance or appeal has been filed, what is its status and grievance number? | | | |
| 17. Does Aggrieved elect to have a representative? | | 18. Was the Aggrieved offered ADR? | |
| YES | NO | YES | NO |
| | | If 'NO,' indicate reason ADR was not offered; | |
| If Yes, please provide Representative's contact information: | | Did Aggrieved Elect to Participate in ADR? | YES NO |
| Name: | | | |
| Telephone Number: | | | |
| Address: | | Date Request for ADR was Submitted: | |
| Email Address: | | Date Mediation Occurred | |
| 19. EEO Counseling Inquiry Contacts (If additional space is required, please continue on a separate sheet of paper labeled "Contacts" and attach it to this form.) | | | |
| Date of Contact | Name | Position Title | Contact Information - Work email address/tele number |
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| 20. Responding Manager Official(s): | | 20b. Date Interviewed: | |
| 20c. Management's Response: (If additional space is required, please continue on a separate sheet of paper labeled "Management's Response", include the responding official's name and attach it to this form.) | | | |
| | | | |
| 21. Date of Final Interview with Aggrieved/Notice of Right to File EEO Discrimination Complaint Issued: | | | |
| Signature of EEO Counselor | | | |
| Date Signed | | | |