

Expiration Date xx-xx-xxxx



# OFFICE OF CIVIL RIGHTS U.S. DEPARTMENT OF COMMERCE

OMB Approval No.

## Complaint of Employment Discrimination Based on Sexual Orientation Against the U.S. Department of Commerce

For OCR Use  
COMPLAINT NUMBER:

Filing Date:

### INFORMATION ABOUT YOU

Name	E-Mail
Address	Home Phone ( )
City/State	Zip Code
	Work Phone ( )

### INFORMATION ABOUT YOUR REPRESENTATIVE

Representative's Name	<b>NOTE:</b> You are not required to have a representative.	
Address	Phone ( )	E-Mail
	Fax ( )	
City/State	Zip Code	Is your representative an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No

### INFORMATION ABOUT THE COMPLAINT

Which bureau and office was responsible for the action you believe was discriminatory? Please provide the street address, city, and state.

Did you work for the Department of Commerce at the time?  Yes  No If yes, what was your position (title/series/grade), office, and bureau?

Describe the action(s) or policy(ies) you believe was (were) discriminatory. Be specific and **include dates**. If you need more space, attach an extra page(s).

What do you believe was (were) the reason(s) for the alleged discrimination? Check the appropriate box(es) and write in specific details. For example: If it was because of your sexual orientation, what is your sexual orientation? If it was in retaliation for some action that you took, please state the action, e.g., filing a prior complaint.

<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Retaliation
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What remedy(ies) do you seek for the alleged discrimination? If you need more space, attach an extra page(s).

Did you discuss this(ese) issue(s) with an EEO Counselor?  Yes  No Counselor's name?

Did you file a grievance under a negotiated grievance procedure?  Yes  No Filing date(s)?

Did you file a Merit Systems Protection Board (MSPB) appeal?  Yes  No Filing date(s)?

SIGN HERE ( OR HAVE YOUR ATTORNEY SIGN FOR YOU)

DATE ( MONTH/DAY/YEAR)

**YOU SHOULD USE THIS FORM ONLY IF:**

You work(ed) for or applied for employment with the Department of Commerce (DOC); **AND**

You believe that DOC or a DOC bureau (for example, the Bureau of the Census, the National Institute of Standards and Technology, the Office of the Secretary, etc.) discriminated against you **because of** your sexual orientation, or in retaliation for participating in the sexual orientation discrimination complaint process or opposing sexual orientation discrimination; **AND**

You received Counseling on the issue(s) you raise in this complaint.

Note: If you believe that you were also subject to discrimination based on your race, color, sex, national origin, religion, age (40 or over) or disability, you must also file an EEO complaint.

**FILL IN THE SECTIONS CALLED "INFORMATION ABOUT YOU," "INFORMATION ABOUT YOUR REPRESENTATIVE," AND "INFORMATION ABOUT THE COMPLAINT." IF YOU NEED MORE SPACE, ATTACH AN EXTRA PAGE(S).** Describe the alleged discriminatory action as clearly as possible and include dates. For example, if you are alleging that you were discriminated against when you were not selected for a position, state the title of the position, when you were notified (or otherwise learned) that you were not selected, the vacancy announcement number, and the reason(s) you believe you were not selected.

**YOU MUST SIGN AND DATE THE FORM.** Your attorney, if you have one, may sign the form for you. A representative who is not an attorney cannot sign for you.

**TO BE TIMELY, YOU MUST:**

**Begin Counseling within 45 calendar days** of the effective date of the actions you challenge or the date you became aware of them; **AND**

**File your complaint within 15 calendar days** of the date you received the Notice of Right to File a Complaint of Discrimination.

**TO FILE YOUR COMPLAINT, SEND OR HAND-DELIVER THIS FORM TO:**

The **Director, Office of Civil Rights, U.S. Department of Commerce**



**Mail or Hand-delivery:**

HCHB Room 6012  
Washington, D.C. 20230



**Fax:**

202/501-2937 or  
202/482-0048

**OR**

The **EEO Officer** for the DOC bureau in which the alleged discrimination took place.

**YOU MAY HAVE A REPRESENTATIVE OF YOUR CHOICE** at all stages of the complaint process. If you are represented by an attorney, your date of receipt for documents and decisions on your complaint will be the date that your attorney receives them. If you have a representative or change your representative, you must notify the Department's Office of Civil Rights at the address above.

**FOR HELP IN COMPLETING THIS FORM, TO OBTAIN THIS FORM IN AN ALTERNATE FORMATS (SUCH AS LARGE PRINT), OR FOR ANOTHER ACCOMMODATION TO ASSIST YOU IN USING THE COMPLAINT PROCESS,** contact your EEO Officer, EEO Counselor or the Department's Office of Civil Rights (202/482-4993).

# THE U.S. DEPARTMENT OF COMMERCE

## SEXUAL ORIENTATION DISCRIMINATION COMPLAINT PROCESS

The Department of Commerce's sexual orientation discrimination complaint process was established by Department Administrative Order 215-11. The process provides an avenue of redress for claims of sexual orientation discrimination prohibited by Executive Order and Department of Commerce policy. The process can also be used to raise claims of retaliation for participating in the sexual orientation discrimination complaint process or opposing sexual orientation discrimination. The sexual orientation complaint process has three parts: **Counseling (the informal process)**; the **formal complaint process**; and the **appeal process**.

### COUNSELING: THE INFORMAL PROCESS

Bureau EEO Offices administer the informal counseling process. If you believe that you have been discriminated against in your work or in the hiring process, you may contact an EEO Counselor. The Counselor will look into the facts of the situation and try to resolve your concerns with bureau management through mutual agreement. **You must complete Counseling before filing a formal complaint. To preserve your right to file a formal complaint, you must contact an EEO counselor within 45 calendar days of the alleged discrimination or the date you became aware of it.** You may ask your EEO Counselor not to reveal your name during counseling. The EEO Counselor will also provide you with information about other forums in which claims involving sexual orientation discrimination can be raised.

### THE FORMAL COMPLAINT PROCESS

The Department's Office of Civil Rights (OCR) administers the formal complaint process. **You must file your formal complaint within 15 calendar days of receiving the Notice of Right to File from an EEO Counselor.** OCR will send you written notice if your complaint is accepted for investigation. If OCR dismisses your complaint or part of your complaint, the Department will issue a Final Agency Decision explaining the reasons. Some reasons that complaints are dismissed are: untimely counseling or filing, failure to see an EEO Counselor, and failure to state a claim.

The Department must conduct a thorough investigation of accepted issues within 180 calendar days of the date the complaint was filed unless you agree to an extension. OCR will send you a copy of the Report of Investigation (ROI), along with a notice of your rights. After receiving your ROI, the Director, OCR, will issue a Final Agency Decision (FAD) on the merits of the case.

### THE APPEAL PROCESS

You may appeal the FAD, including a decision dismissing issues in your complaint, to the Chief Financial Officer/Assistant Secretary of Administration (CFO/ASA) within 30 calendar days of receiving the decision. If you have an attorney, the 30 calendar days will be calculated from the date your attorney receives the decision.

There is no right to further appeal from the decision of the CFO/ASA or to file a civil action regarding a violation of the policy prohibiting sexual orientation discrimination and related retaliation.

### ELECTION OF PROCEDURES

If you have the option of raising your claim in a Negotiated Grievance Procedure (NGP) or a Merit Systems Protection Board (MSPB) appeal, you must choose between using one of these other processes or the sexual orientation discrimination complaint process. Receiving informal counseling under the sexual orientation discrimination complaint process does not represent an election of this process.

# PRIVACY ACT STATEMENT

1. FORM NUMBER/TITLE/DATE: DOC Form CD-545, Complaint of Employment Discrimination Based on Sexual Orientation Against the U.S. Department of Commerce, ----- 1999.
2. AUTHORITY: Executive Order No. 11478, as amended by Executive Order 12106, and as further amended by Executive Order 13087; Department Administrative Order (DAO) 215-11; 5 U.S.C. §2302(b)(10).
3. PRINCIPAL PURPOSES: The purpose of this complaint form, whether recorded initially on the form or taken from a writing of the complainant, is to record the filing of a formal written complaint of employment discrimination against the Department of Commerce on the grounds of sexual orientation or retaliation for protected activity and to determine whether the complaint was timely filed, whether there is a factual basis for investigation of the complaint, and whether the allegations in the complaint are within the scope of DAO 215-11.
4. ROUTINE USES: The information provided on Form CD-545 may be used:
  - a. To disclose pertinent information to the appropriate federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order, where the disclosing agency becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
  - b. To disclose information to another federal agency, to a court, or to a party in litigation before a court or in an administrative proceeding being conducted by a federal agency when the government is a party to the judicial or administrative hearing.
  - c. To provide information to a congressional office from the record of an individual in response to an inquiry from that congressional office made at the request of that individual.
  - d. To disclose to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.
  - e. To disclose, in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding.
5. EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: Formal complaints of employment discrimination based on sexual orientation must be in writing, signed by the complainant or the complainant's attorney, and must identify the parties and action or policy challenged. Failure to comply may result in the Department of Commerce not accepting the complaint. It is not mandatory for this form to be used to provide the requested information.

## Paperwork Reduction Act Statement

Public reporting burden for this collection of information 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

**Chief, Compliance Division  
Office of Civil Rights  
U.S. Department of Commerce  
HCHB Room 6012  
Washington, DC 20230**

Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number.