



## U.S. Office of Special Counsel Complaint & Disclosure Form

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### Complaint Type

The U.S. Office of Special Counsel (OSC) is an independent federal investigative and prosecutorial agency. Our basic authorities come from four federal statutes: the Civil Service Reform Act, the Whistleblower Protection Act, the Hatch Act, and the Uniformed Services Employment & Reemployment Rights Act (USERRA). For more information on OSC, please visit our website at [www.osc.gov](http://www.osc.gov).

OSC requires that you use this form in order to submit a complaint alleging a prohibited personnel practice or other prohibited activity within OSC's jurisdiction. OSC encourages, but does not require, you to use this form to submit a complaint alleging a Hatch Act violation or to submit a disclosure of information alleging agency wrongdoing. OSC cannot process incomplete forms lacking necessary information.

Please use this form to file a complaint or disclosure by selecting each box that applies below:

- 1. I want to file a complaint about a prohibited personnel practice, such as retaliation, discrimination, or illegal hiring decisions.
- 2. I want to make a disclosure about gross mismanagement or waste, a violation of law, rule or regulation, abuse of authority, a danger(s) to public health or safety, or censorship related to scientific research.

*Note: Do NOT select this box to report prohibited personnel practices, such as retaliation, discrimination, or illegal hiring decisions. If you are filing to correct a specific employment action, consider selecting 1, above. Do NOT select this box to report a Hatch Act violation. If you are filing to report a Hatch Act violation, select 3, below.*

- 3. I want to file a complaint about improper political activity (under the Hatch Act).

I want to file a [USERRA complaint](#) about discrimination or reemployment as a member of the uniformed services.

*Note: If you click the link above, you will be immediately redirected to the website of the Department of Labor to complete a USERRA complaint form.*

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# COMPLAINT FORM TO REPORT A HATCH ACT VIOLATION

For instructions or questions, call the Hatch Act Unit at (202) 804-7002.

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### Improper Political Activities (Hatch Act)

- About Filing a Complaint
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## PART 1: IMPORTANT INFORMATION ABOUT FILING A COMPLAINT

### INSTRUCTIONS FOR FILING A HATCH ACT COMPLAINT WITH THE U.S. OFFICE OF SPECIAL COUNSEL (OSC)

This form should be used to file complaints alleging violations of the Hatch Act. In order for us to best understand your allegations, we encourage you to fill in all the fields that you can. However, only those fields marked with an asterisk are required. If you fail to fill in a required field, your complaint cannot be processed. When providing information, please be as specific as you can, provide as much detail as possible, and attach/enclose all supporting documentation with your complaint filing. Prior to submitting your complaint to OSC, we recommend you review the information located on our [website](#) . If you have any questions about this form, you may phone the Hatch Act Hotline at (202) 804-7002.

## PART 2: BIOGRAPHICAL INFORMATION

\* Denotes Required Fields

### 1. Complainant Information:

Title \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

### 2. Contact Information:

Address Location  Domestic  International

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State

Zip Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred means of contact:

email  home phone  cell phone  office phone

Please do not contact me on my office phone

International Address

\_\_\_\_\_



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Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred means of contact:

email  home phone  cell phone  office phone

Please do not contact me on my office phone

3. Do you have representation?  Yes  No

Title \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address Location  Domestic  International

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State

Zip Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred means of contact:

email  home phone  cell phone  office phone

Please do not contact me on my office phone

International Address

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

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email  home phone  cell phone  office phone



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4. Are you referring this complaint on behalf of a government agency?

Yes  No

Agency: \_\_\_\_\_

Your Position Title: \_\_\_\_\_

### PART 3: INFORMATION ABOUT THE INDIVIDUAL WHO ALLEGEDLY VIOLATED THE HATCH ACT (Subject)

\* Denotes Required Fields

Subject's Employment Status:\*

Federal government employee

State or Local government employee

Private, Nonprofit organization employee

Title: \_\_\_\_\_

Subject's First Name:\* \_\_\_\_\_ Subject's Middle Initial: \_\_\_\_\_

Subject's Last Name:\* \_\_\_\_\_

Employer:\* \_\_\_\_\_

Department name:\* \_\_\_\_\_

Agency:\* \_\_\_\_\_

Position Title: \_\_\_\_\_

Subject's Address\*  Domestic  International

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

International Address\*  
\_\_\_\_\_



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Office Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does the Subject have knowledge of the Hatch Act?:\*

Yes  No  Unsure

If yes, please explain why you believe the Subject knows about the Hatch Act (for example: agency training, agency distribution of brochures, flyers, e-mails, prior contact with OSC):

### SUBJECT'S SUPERVISOR'S INFORMATION

Subject's Supervisor's First Name: \_\_\_\_\_

Subject's Supervisor's Last Name: \_\_\_\_\_

Subject's Supervisor's Middle Initial: \_\_\_\_\_

Subject's Supervisor's Title: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

Other Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### FEDERAL FUNDING INFORMATION

1. Does the Subject's employer receive any federal funds?:  Yes  No
2. Is the Subject's salary paid entirely with federal funds?:  Yes  No
3. Does the Subject perform any duties in connection with a federally funded activity?:  Yes  No

If you answered "No" to both Questions 2 and 3, OSC does not have jurisdiction over your complaint. If you answered "Yes" to either Question 2 or 3, please provide the information requested below in as much detail as possible.

- a. Please describe the duties the Subject performs in connection with the federally funded activity and attach/enclose any supporting documentation with your complaint filing:



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b. Please describe the federal funding with which the Subject has a connection and attach/enclose any supporting documentation with your complaint filing:

The following questions are provided to assist you in describing the nature and source of the federal funds at issue:

-What is the name of the federal agency that awarded, distributed, or administered the funds in question?

-What is the name and/or number of the federal grant or loan?

-What is the purpose of the federal funding? (*i.e.*, how are the funds used?)

c. Please provide the name and contact information for an individual who has knowledge about the federal fund(s) at issue and whom OSC may contact:

Name: \_\_\_\_\_

Agency : \_\_\_\_\_

Position Title: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PART 4: ALLEGED VIOLATION

\* Denotes Required Fields

1. For complaints involving a Subject employed by the federal government, which of the following actions are you alleging?\*

- Using one's official authority or influence for the purpose of interfering with or affecting the result of an election.
- Soliciting, accepting, or receiving political contributions.
- Being a candidate in a partisan election.
- Soliciting or discouraging the participation in political activity of any person who has business before their employing agency.
- Engaging in political activity while on duty, in any room or building occupied in the discharge of official duties, while wearing a uniform or official insignia, or while using a vehicle owned or leased by the United States government.
- Taking an active part in political management or political campaigns (This prohibition applies only to further restricted employees. A list of such employees can be found [here](#) or at 5 U.S.C. § 7323(b)).



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1. For complaints involving a Subject employed by a state, local, D.C., or nonprofit agency, which of the following actions are you alleging?\*

- Using one's official authority or influence for the purpose of interfering with or affecting the result of an election.
- Coercing, attempting to coerce, commanding, or advising a state or local officer or employee to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes.
- Being a candidate in a partisan election.

2. Please provide a detailed description of the alleged violation(s) and attach/enclose any supporting documentation with your complaint filing. To process your complaint, you must provide as much detailed information as possible. Without sufficient information, we may be unable to investigate your allegation(s).\*

A detailed description should include:



- a. What the Subject did that allegedly violated the Hatch Act;
- b. Where the alleged violation(s) occurred;
- c. When the alleged violation(s) took place; and
- d. Who else has knowledge that the alleged violation(s) occurred and their relationship to the Subject.

For instance, a complaint alleging that the Subject is a candidate in a partisan election for public office should include: the name of the office which the Subject seeks (for example, Council of the District of Columbia or Mayor of Baltimore, Maryland); the date of the election; the type of election (primary, special, or general); and how the election is partisan (for example: candidates are running with political party affiliation). Please note that the Hatch Act does not prohibit candidacy in a nonpartisan election.

## PART 5: ATTACHMENTS TO YOUR COMPLAINT

I would like to attach documents to my complaint. **ATTACH**

Please attach documents and/or evidence that support your allegations. Note that the space available for attachments is limited, and you will have an opportunity to make additional submissions at a later date.

To see the attachments that have been successfully added to your form, click on the paperclip icon  in the dark gray panel on the far left side of your screen. Please note that, if you print a copy of your form, the attachments will not print with it. However, any documents that appear in the paperclip panel  will be transmitted to OSC.



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## PART 6: OTHER ACTIONS YOU ARE TAKING

Please indicate in this section if you have reported your matter through other agencies or organizations. If so, please identify the agency or organization to which you reported the matter and provide the current status. If you have received responses regarding your matter, briefly summarize what results were communicated to you and provide our office with copies of any correspondence.

## PART 7: CONSENT TO DISCLOSURE OF INFORMATION

\* Denotes Required Fields

Do you consent to the disclosure of your identity to others outside OSC if it becomes necessary in taking further action on this matter?\*

- I consent to the disclosure of my identity on a need-to-know basis.
- I do not consent to the disclosure of my identity. (I understand my lack of consent may prevent OSC from taking further action on my complaint. Even if I do not consent, OSC may disclose my identity if required by law.)

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# COMPLAINT OF PROHIBITED PERSONNEL PRACTICE OR OTHER PROHIBITED ACTIVITY

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Encourage Withdrawal from Competition

Nepotism

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## PART 1: IMPORTANT INFORMATION ABOUT FILING A COMPLAINT

**Required Complaint Form.** Complaints alleging a prohibited personnel practice or a prohibited activity must be submitted on this form, either by e-filing or by mail. Information not submitted on or accompanied by this form may be returned by OSC to the filer. The complaint will be considered filed on the date on which OSC receives the completed form. [5 C.F.R. § 1800.1](#), as amended.

**No OSC Jurisdiction.** OSC cannot take any action on complaints filed by employees of

- the FBI, CIA, DIA, NSA, National Geospatial-Intelligence Agency, ODNI, National Reconnaissance Office or other intelligence agencies excluded from coverage by the President;
- the Government Accountability Office;
- the Postal Rate Commission; and
- the uniformed services of the United States (*i.e.*, uniformed military employees). OSC does have jurisdiction over civilian employees of the armed forces.

**Limited OSC Jurisdiction.** For employees of some federal agencies or entities, OSC's jurisdiction is limited to certain types of complaints, as follows –

- FAA employees only for allegations of retaliation for whistleblowing under [5 U.S.C. § 2302\(b\)\(8\)](#) and most allegations of retaliation for engaging in protected activities under [5 U.S.C. § 2302\(b\)\(9\)](#).
- employees of government corporations listed at [31 U.S.C. § 9101](#) only for allegations of retaliation for whistleblowing under [5 U.S.C. § 2302\(b\)\(8\)](#) and most allegations of retaliation for engaging in protected activities under [5 U.S.C. § 2302 \(b\)\(9\)](#).
- U.S. Postal Service employees only for allegations of nepotism.
- TSA employees only for allegations of discrimination under [§ 2302\(b\)\(1\)](#), retaliation for whistleblowing under [5 U.S.C. § 2302\(b\)\(8\)](#), and most allegations of retaliation for engaging in protected activities under [5 U.S.C. § 2302\(b\)\(9\)](#).

**Election of Remedies.** You may choose only one of three possible methods to pursue your prohibited personnel practice complaint: (a) a complaint to OSC; (b) an appeal to the Merit Systems Protection Board (MSPB) (if the action is appealable under law or regulation); or (c) a grievance under a collective bargaining agreement. If you have already filed an appeal about your prohibited personnel practice allegations with the MSPB, or a grievance about those allegations under the collective bargaining agreement (if the action is grievable under the agreement), OSC may lack jurisdiction over your complaint. [5 U.S.C. § 7121\(g\)](#).



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### Complaints Involving Discrimination.

- Race, Color, Religion, Sex, National Origin, Age, and Disability (or Handicapping Condition): OSC is authorized to investigate discrimination based upon race, color, religion, sex, national origin, age, or disability (or handicapping condition), as well as retaliation related to EEO activity. [5 U.S.C. § 2302\(b\)\(1\)](#). However, OSC generally defers such allegations to agency procedures established under regulations issued by the Equal Employment Opportunity Commission (EEOC). [5 C.F.R. § 1810.1](#). If you wish to report allegations of discrimination based on these bases, you should contact your agency's EEO office immediately. There are specific time limits for filing such complaints. Filing a complaint with OSC will not relieve you of the obligation to file a complaint with the agency's EEO office within the time prescribed by EEOC regulations (at [29 C.F.R. Part 1614](#)).
- Marital Status and Political Affiliation: OSC is authorized to investigate discrimination based on marital status or political affiliation. [5 U.S.C. § 2302\(b\)\(1\)](#).
- Sexual Orientation and Gender Identity: OSC is authorized to investigate discrimination based on sexual orientation and gender identity. [5 U.S.C. §§ 2302\(b\)\(1\)](#) and [\(b\)\(10\)](#). EEOC also may have jurisdiction over complaints of discrimination on these bases.

**Complaints Involving Veterans Rights.** By law, all complaints alleging denial of veterans' preference requirements or USERRA must be filed with the Veterans Employment and Training Service (VETS) at the Department of Labor (DOL). [38 U.S.C. § 4301](#), *et seq.*, and [5 U.S.C. § 3330a\(a\)](#).



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## PART 2: SELECT YOUR PPPs

Please check **ALL** that apply (you **MUST** check one option). A customized series of questions will appear following the "Biographical Information" section, below, based on your selections. You can return to this part at any time prior to submitting your complaint if you would like to add or remove allegations.

### RETALIATION CLAIMS

**Retaliation for Whistleblowing**

Retaliation for reporting a violation of law, rule, or regulation; gross mismanagement; gross waste of funds; abuse of authority; a substantial and specific danger to public health or safety; or censorship related to scientific research.

**Retaliation for Protected Activity**

Retaliation for filing a complaint or grievance; assisting another with a complaint or grievance; cooperating with an OSC, OIG, or internal investigation; or refusing to obey an illegal order.

### ILLEGAL SELECTION PRACTICE CLAIMS

**Obstruct Competition**

Intentionally deceive or obstruct anyone from competing for federal employment.

**Give Unauthorized Preference**

Give an unauthorized preference or advantage, including defining the manner or scope of competition, to improve or injure the employment prospects of any person.

**Encourage Withdrawal from Competition**

Influence or encourage anyone to withdraw from competition to improve or injure the employment prospects of any person.

**Nepotism**

Involvement in the appointment, promotion, or advancement of a relative, or advocacy on behalf of a relative.

**Improper Political Recommendation**

Request or consider a recommendation based on political connections or influence rather than one based on personal knowledge of a person's ability to perform a job.

**Violate Veterans' Preference**

Take or fail to take, recommend, or approve a personnel action if doing so would violate a veterans' preference requirement. This type of complaint must be filed with the Department of Labor. Please click [here](#) to go to that site.

### DISCRIMINATION CLAIMS

**Discrimination for Non-Job-Related Conduct**

Discrimination for conduct that does not adversely affect job performance, including claims of sexual orientation or gender identity discrimination.

**Other Bases of Discrimination**

OSC examines claims of discrimination based on **marital status** and **political affiliation**. OSC does **NOT** ordinarily investigate claims of discrimination based on race, color, religion, sex, national origin, age, and handicapping condition. These claims are typically better filed with an agency's EEO office.



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### OTHER CLAIMS

**Improper Personnel Actions**

Take or fail to take a personnel action if doing so would violate any law, rule, or regulation implementing or directly concerning a merit system principle.

**Non-Disclosure Agreement**

Implement or enforce a non-disclosure agreement or policy that lacks notification of whistleblower rights.

**Improper Accessing of Medical Records**

Accessing the medical records of another employee or applicant for employment as a part of, or otherwise in furtherance of, the commission of a prohibited personnel practice.

**Coerce Political Activity**

Coerce a person to engage in political activity, to include providing a political contribution or service, or take action against a person for doing so.

**Other**

Please use this area to describe employment problems that do not fall into one of the categories listed above.



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## PART 3: BIOGRAPHICAL INFORMATION

\* Denotes Required Fields

### 1. Complainant Information:

Title \_\_\_\_\_  
First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Last Name\* \_\_\_\_\_

### 2. Contact Information:

Address Location\*  Domestic  International  
Address Line 1\* \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City\* \_\_\_\_\_ State\* \_\_\_\_\_  
Zip Code\* \_\_\_\_\_

\*At least **ONE** phone number **OR** email address is required.

Cell Phone Number \_\_\_\_\_  
Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Preferred means of contact:

email  home phone  cell phone  office phone  
 Please do not contact me on my office phone

International Address\*

\_\_\_\_\_

\*At least **ONE** phone number **OR** email address is required.

Cell Phone Number \_\_\_\_\_  
Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
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Preferred means of contact:

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3. Do you have representation?\*  Yes  No

Title \_\_\_\_\_

First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name\* \_\_\_\_\_

Address Location\*  Domestic  International

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_

\*At least **ONE** phone number **OR** email address is required.

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred means of contact:

email  home phone  cell phone  office phone

International Address\*

\_\_\_\_\_

\*At least **ONE** phone number **OR** email address is required.

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred means of contact:

email  home phone  cell phone  office phone

4. Complainant's employment status:\*

Current Federal Employee

Former Federal Employee

Applicant For Federal Employment

Non-Federal Employee (*please specify below*)

\_\_\_\_\_



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5. If current or former federal employee, please list most recent position title, series, grade:  
 Title (for instance, Investigator) \_\_\_\_\_  
 Series (for instance, GS-1810) \_\_\_\_\_  
 Grade (for instance, GS-9) \_\_\_\_\_
6. Please provide your dates of employment in this position. \_\_\_\_\_
7. Department name:\* \_\_\_\_\_
8. Agency name:\* \_\_\_\_\_
9. Agency subcomponent: \_\_\_\_\_
10. Street Address: \_\_\_\_\_
11. City:\* \_\_\_\_\_
12. State:\* \_\_\_\_\_  Check here if agency address is international.  
 Country:\* \_\_\_\_\_
13. Zip Code: \_\_\_\_\_
14. Are you covered by a collective bargaining agreement? (Check one.)  
 Yes  No  I don't know
15. Which of the following apply to your employment status? (Check all applicable items.)
- a. Competitive Service  
 Temporary appointment  Career or career-conditional appointment  
 Term appointment  Probationary employee
- b. Excepted Service  
 Schedule A  Schedule B  Schedule C  
 National Guard Technician  Postal Service  
 Tennessee Valley Authority  Non-appropriated fund  
 Other (specify): \_\_\_\_\_
- c. Senior Executive Service (SES) or Executive Level  
 Career SES  Executive Level V or above  
 Non-career SES  Presidential appointee (Senate-confirmed)
- d. Other  
 Civil service annuitant  Military officer or enlisted person  
 Former civil service employee  Contract employee  
 Unknown  Other (specify): \_\_\_\_\_



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16. What other action(s), if any, have you taken to appeal, grieve, or report this matter under any other procedure? *(Check all that apply.)*

- None, or not applicable
- Appeal with Merit Systems Protection Board (MSPB) Date: \_\_\_\_\_
- Grievance under collective bargaining agreement procedure Date: \_\_\_\_\_
- Grievance filed under agency grievance procedure Date: \_\_\_\_\_
- Discrimination complaint filed with agency Date: \_\_\_\_\_
- USERRA claim with VETS (Department of Labor) Date: \_\_\_\_\_
- Appeal filed with Office of Personnel Management Date: \_\_\_\_\_
- Lawsuit filed in Federal Court Date: \_\_\_\_\_  
Court name: \_\_\_\_\_
- Reported matter to agency Inspector General Date: \_\_\_\_\_
- Reported matter to member of Congress Date: \_\_\_\_\_  
Name of Senator or Representative: \_\_\_\_\_
- Other *(specify):* \_\_\_\_\_ Date: \_\_\_\_\_

17. What action would you like for OSC to take if we find that a prohibited personnel practice has occurred?





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## PART 4: DETAILS OF YOUR COMPLAINT

### Retaliation for Whistleblowing

An agency official is prohibited from taking, failing to take, or threatening to take or fail to take, a [personnel action](#) against an employee or applicant because the individual made a disclosure of information that s/he reasonably believed evidenced wrongdoing (*i.e.*, a violation of any law, rule, or regulation; gross mismanagement; a gross waste of funds; an abuse of authority; substantial and specific danger to public health or safety; or censorship related to scientific research.) [5 U.S.C. § 2302\(b\)\(8\)](#). This is commonly referred to as a retaliation for whistleblowing claim.

#### **IMPORTANT INFORMATION ABOUT RETALIATION ALLEGATIONS**

#### **YOU SHOULD LIST ALL DISCLOSURES AND PERSONNEL ACTIONS INVOLVED IN YOUR COMPLAINT.**

This is because: (1) failure to list any disclosure or personnel action may delay the processing of your complaint by OSC; and (2) a comprehensive listing will help avoid disputes in any later Individual Right of Action (IRA) appeal that you may file with the Merit Systems Protection Board (MSPB).

You may add additional allegations of retaliation for whistleblowing to this complaint while it is pending at OSC. Submission of any additional allegations to OSC in writing will help you if you later decide to file an IRA appeal with the MSPB.

To establish its jurisdiction over an IRA appeal, the MSPB will require you to show that your IRA appeal relates to the same disclosure(s) and personnel action(s) raised in your complaint to OSC. The following documents will help meet this requirement: a copy of the retaliation allegations in your complaint, any additional allegation(s) of retaliation that you submitted to OSC in writing while the complaint was pending, and any official correspondence you receive from OSC about your complaint. **IT IS IMPORTANT, THEREFORE, THAT YOU SAVE COPIES OF ALL THESE DOCUMENTS FOR YOUR RECORDS.**

If OSC fails to complete its review of your whistleblower retaliation allegation within 120 days after it receives your complaint, or if it closes your complaint at any time without seeking corrective action on your behalf, you have the right to file an IRA appeal with the MSPB. [5 U.S.C. § 1214\(a\)\(3\)](#).

Please briefly answer the following questions about your retaliation claim. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Retaliation for Whistleblowing Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**

**Delete the Retaliation for Whistleblowing Claim Below**

1. What did you disclose? If you made your disclosure in writing, please attach a copy to your complaint before you submit it.



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2. When did you disclose it?

3. To whom did you make your disclosure?

4. How did you learn of the information you disclosed?

5. When and how did agency officials learn about your disclosure?

6. What action did the agency take in response to your disclosure? (For example, did the agency investigate or otherwise look into what you disclosed or was disciplinary action taken against responsible parties?)

7. What personnel action(s) do you believe was taken, not taken, or threatened because of your disclosure?

Check all applicable:

- |   |   |
|---|---|
| <input type="checkbox"/> Removal              | <input type="checkbox"/> Reinstatement                        |
| <input type="checkbox"/> Suspension           | <input type="checkbox"/> Reassignment                         |
| <input type="checkbox"/> Other Discipline     | <input type="checkbox"/> Harassment/Hostile Work Environment  |
| <input type="checkbox"/> VA Expedited Process | <input type="checkbox"/> Psychiatric Examination              |
| <input type="checkbox"/> Gag Order            | <input type="checkbox"/> Performance Evaluation               |
| <input type="checkbox"/> Detail               | <input type="checkbox"/> Changes to Duties/Working Conditions |
| <input type="checkbox"/> Promotion            | <input type="checkbox"/> Pay, Benefits, Training              |
| <input type="checkbox"/> Appointment          | <input type="checkbox"/> Other                                |

Describe:

8. When was the personnel action(s) taken? By whom?

9. What was the agency's stated reason for taking the personnel action(s)?

10. What facts demonstrate that the personnel action(s) is retaliatory? (For example, were comments made that suggest that agency officials were angry because of your disclosure or did your relationships cool following your disclosure?)



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11. Why do you believe agency officials would retaliate against you? (For example, did agency officials suffer some adverse impact or embarrassment because of your disclosure?)

12. Please provide the name, title, and position in your chain of command of the agency official(s) involved in taking the personnel action(s) that you believe was retaliatory.

First Name	Last Name	Title (e.g., Deputy Director)	Chain of Command (e.g., 1 <sup>st</sup> level supervisor)	Del

Add Row

13. Were the agency officials involved in taking the personnel actions against you accused of wrongdoing in your disclosures? If yes, which ones?

Add Another Retaliation for Whistleblowing Claim

### Retaliation for Protected Activity

An agency official is prohibited from taking, failing to take, or threatening to take or fail to take a [personnel action](#) against any employee or applicant for federal employment because of (A) the exercise of an appeal, complaint, or grievance right granted by any law, rule or regulation; (B) testifying or otherwise lawfully assisting any individual in the exercise of any such right; (C) cooperating with or disclosing information to the Inspector General (or any other component responsible for internal investigation or review) of any agency, or the Special Counsel; or (D) refusing to obey an order that would require the individual to violate a law, rule, or regulation.

[5 U.S.C. § 2302\(b\)\(9\)](#).



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### **IMPORTANT INFORMATION ABOUT RETALIATION ALLEGATIONS**

#### **YOU SHOULD LIST ALL PROTECTED ACTIVITIES AND PERSONNEL ACTIONS INVOLVED IN YOUR COMPLAINT.**

This is because: (1) failure to list any protected activity or personnel action may delay the processing of your complaint by OSC; and (2) a comprehensive listing will help avoid disputes in any later Individual Right of Action (IRA) appeal that you may file with the Merit Systems Protection Board (MSPB).

You may add additional allegations of retaliation for engaging in protected activities to this complaint while it is pending at OSC. Submission of any additional allegations to OSC in writing will help you if you later decide to file an IRA appeal with the MSPB.

To establish its jurisdiction over an IRA appeal, the MSPB will require you to show that your IRA appeal relates to the same protected activities and personnel action(s) raised in your complaint to OSC. The following documents will help meet this requirement: a copy of the retaliation allegations in your complaint, any additional allegation(s) of retaliation that you submitted to OSC in writing while the complaint was pending, and any official correspondence you receive from OSC about your complaint. **IT IS IMPORTANT, THEREFORE, THAT YOU SAVE COPIES OF ALL THESE DOCUMENTS FOR YOUR RECORDS.**

If OSC fails to complete its review of your retaliation allegation within 120 days after it receives your complaint, or if it closes your complaint at any time without seeking corrective action on your behalf, you have the right to file an IRA appeal with the MSPB. [5 U.S.C. § 1214\(a\)\(3\)](#).

Please briefly answer the following questions about your retaliation claim. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Retaliation for Protected Activity Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**

**Delete the Retaliation for Protected Activity Claim Below**

1. In what protected activity did you engage?

- Filed a complaint, appeal, or grievance
- Testified for or lawfully assisted an individual in the exercise of their right to file a complaint, appeal, or grievance
- Cooperated with or disclosed information to an Inspector General, OSC, or other investigator
- Refused to obey an order that would require you to violate a law, rule, or regulation
- Other

2. When did you engage in the protected activity?



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3. Please briefly describe the nature of your protected activity.

4. What action did the agency take in response to your protected activity? (For example, did the agency investigate or otherwise look into what you disclosed or was disciplinary action taken against responsible agency officials?)

5. When and how did agency officials learn about your protected activity?

6. What personnel action(s) do you believe was taken, not taken, or threatened because of your disclosure?

Check all applicable:

- Removal
- Reinstatement
- Suspension
- Reassignment
- Other Discipline
- Harassment/Hostile Work Environment
- VA Expedited Process
- Psychiatric Examination
- Gag Order
- Performance Evaluation
- Detail
- Changes to Duties/Working Conditions
- Promotion
- Pay, Benefits, Training
- Appointment
- Other

Describe:

7. When was the personnel action(s) taken? By whom?

8. What was the agency's stated reason for taking the personnel action(s)?

9. What facts demonstrate that the personnel action(s) is retaliatory? (For example, were comments made that suggest that agency officials were angry because of your protected activity or did your relationships cool following your actions?)

10. Why do you believe agency officials would retaliate against you? (For example, did agency officials suffer some adverse impact or embarrassment because of your protected activity?)



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11. Please provide the name, title, and position in your chain of command of the agency official(s) involved in taking the personnel action(s) that you believe were retaliatory.

First Name	Last Name	Title (e.g., Deputy Director)	Chain of Command (e.g., 1 <sup>st</sup> level supervisor)	Del

Add Row

12. Were the agency officials involved in taking the personnel action(s) against you accused of wrongdoing in your complaint or other protected activity? If yes, which ones?

Add Another Retaliation for Protected Activity Claim

### Obstructed Competition

An agency official is prohibited from deceiving or willfully obstructing an individual from competing for federal employment. [5 U.S.C. § 2302\(b\)\(4\)](#). This section requires evidence that the agency official willfully engaged in actions to prevent or otherwise adversely affect an individual from being considered for a position. A mistake, oversight, or error is not a prohibited personnel practice. Likewise, the selection of a qualified candidate who, at the outset of the competition, was the preferred candidate (*i.e.*, "pre-selection") does not automatically constitute a willful obstruction of one's right to compete.

Please briefly answer the following questions about your claim of willful obstruction. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Obstructed Competition Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**

Delete the Obstructed Competition Claim Below

1. State the series, grade, and title of the position for which you were competing, if applicable.

2. How was the position filled (e.g., vacancy announcement, detail, reassignment)?

3. Was the position in the competitive or excepted service?

Competitive Service     Excepted Service

4. Was the position advertised?     Yes     No



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If yes, what is the vacancy announcement number and when was it advertised?

5. How was this position advertised? (Check all that apply.)

Externally  Internally

6. Did you apply for the position?  Yes  No

If no, why?

7. State the name and title of the agency official(s) who deceived or obstructed you from competing for federal employment.

First Name	Last Name	Title (e.g., Deputy Director)	Del

Add Row

8. State how the involved agency official(s) deceived or obstructed you from competing for federal employment. (For example, what did he/she say or do to obstruct you from competing?)

9. Why do you believe the identified agency official(s) wanted to obstruct your right to compete?

Add Another Obstructed Competition Claim

### Give Unauthorized Preference

An agency official is prohibited from granting an unauthorized preference or advantage to any employee or applicant for the purpose of improving or injuring the prospects of any particular person for employment. [5 U.S.C. § 2302\(b\)\(6\)](#). Please note that the selection of a qualified candidate who, at the outset of the competition, was the preferred candidate (*i.e.*, “pre-selection”) does not alone constitute an unauthorized preference or advantage.

Please briefly answer the following questions about your unauthorized preference or advantage claim. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the “Add Another Give Unauthorized Preference Claim” button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**



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Delete the Give Unauthorized Preference Claim Below

1. Please state the job title, series, and grade of the position for which an unauthorized preference or advantage was granted.

2. How was the position filled (e.g., vacancy announcement, detail, reassignment)?

3. Was the position in the competitive or excepted service?

Competitive Service  Excepted Service

4. Was the position advertised?  Yes  No

If yes, what is the vacancy announcement number and when was it advertised?

5. How was this position advertised? (Check all that apply.)

Externally  Internally  N/A

6. State the name and title of the agency official(s) who granted the unauthorized preference or advantage.

First Name	Last Name	Title (e.g., Deputy Director)	Del

Add Row

7. State the name, title, and position (if applicable) of the person who received the unauthorized preference or advantage.

8. How did the involved agency official(s) advantage this person? (For example, what specific actions did the agency official take to improve the employment prospects of this person?)

9. What motivated the agency official to advantage this person?

10. What facts indicate that the involved agency official(s) granted the unauthorized preference or advantage for the purpose of improving this person's chances of being selected?





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11. If you believe the person selected was not qualified for the position, which of the required qualification(s) does the individual lack? How do you know the individual does not meet the requirement(s)?

**Add Another Give Unauthorized Preference Claim**

### Encourage Withdrawal from Competition

An agency official is prohibited from influencing, or trying to influence, an individual to withdraw from competition for any position for the purpose of improving or injuring the prospects of any other person for employment. [5 U.S.C. § 2302\(b\)\(5\)](#).

Please briefly answer the following questions about your claim concerning improper influence. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Encourage Withdrawal from Competition Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**

**Delete the Encourage Withdrawal from Competition Claim Below**

1. State the series, grade, and title of the position for which you were competing.

2. How was the position filled (e.g., vacancy announcement, detail, reassignment)?

3. Was the position in the competitive or excepted service?

Competitive Service     Excepted Service

4. Was the position advertised?  Yes     No

If yes, what is the vacancy announcement number and when was it advertised?

5. How was this position advertised? (Check all that apply.)

Externally     Internally

6. Did you apply for the position?  Yes     No

If no, why?



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7. State the name and title of the agency official(s) who influenced, or tried to influence, you to withdraw from competition.

First Name	Last Name	Title (e.g., Deputy Director)	Del

Add Row

8. State how the involved agency official(s) influenced, or tried to influence, you to withdraw from competition.

9. What facts indicate that the agency official sought to improve or injure someone's chances of being selected? (For example, did someone benefit from your withdrawal? Would someone have benefited had you withdrawn?)

Add Another Encourage Withdrawal from Competition Claim

### Nepotism

A public official is prohibited from engaging in nepotism (i.e., hiring, promoting, advancing, or advocating for the appointment, employment, promotion, or advancement of any relative). [5 U.S.C. 2302\(b\)\(7\)](#). The word "relative," means a father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister. [5 U.S.C. § 3110\(a\)\(3\)](#).

Please briefly answer the following questions about your nepotism claim. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Nepotism Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**

Delete the Nepotism Claim Below

1. State the name and title of the public official(s) who engaged in nepotism.

First Name	Last Name	Title (e.g., Deputy Director)	Del

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2. Identify the relative for whom the official acted or advocated.



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3. How is the public official related to the person for whom s/he acted or advocated? How do you know that they are related?

4. When and how did the public official play a part in appointing, employing, promoting, advancing, or advocating for his/her relative?

5. To your knowledge, has anyone previously alleged nepotism based on the relationship between this public official and his/her relative?

Yes  No

If yes, what was the outcome?

**Add Another Nepotism Claim**

### Improper Political Recommendation

An agency official is prohibited from soliciting or considering any employment recommendation or statement, unless it is based on personal knowledge.

[5 U.S.C. § 2302\(b\)\(2\)](#). This section is intended to prevent the use of *political* influence to obtain a position or promotion.

Please briefly answer the following questions about your claim of an improper recommendation. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Improper Political Recommendation Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**

**Delete the Improper Political Recommendation Claim Below**

1. Describe the employment recommendation that was solicited or considered. (For example, for what employment opportunity was it solicited or considered? When was it issued? Who was the beneficiary or intended beneficiary of the recommendation?)

2. How did you learn about the solicitation or consideration of the recommendation?

3. State the name and title of the agency official(s) who solicited or considered the recommendation.



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First Name	Last Name	Title (e.g., Deputy Director)	Del

Add Row

4. Was the recommendation received from a member of Congress? If so, (a) please identify the member of Congress, and (b) describe the nature of the recommendation.

5. If an employment recommendation was made, was it based on the personal knowledge of the person who made it? For example, was the recommendation based on observations derived from an employment relationship?

6. If you believe that an employment recommendation was not based on the personal knowledge of the person who made it, please describe the facts supporting your belief.

Add Another Improper Political Recommendation Claim

### Violation of Veterans' Preference

An agency official is prohibited from taking or failing to take a [personnel action](#) if doing so would violate veterans' preference. [5 U.S.C. § 2302\(b\)\(11\)](#). While such actions constitute a prohibited personnel practice, generally, employees must file these claims through the Department of Labor. More information on filing these complaints with DOL can be found on their [website](#).

### Discrimination for Non-Job-Related Conduct

An agency official is prohibited from discriminating against an employee or applicant on the basis of conduct that does not adversely affect the performance of the employee or applicant, or the performance of others. [5 U.S.C. § 2302\(b\)\(10\)](#). This could include, for example, discrimination based on sexual orientation or gender identity.

Please briefly answer the following questions about your discrimination claim to help OSC determine whether there is sufficient information to warrant further inquiry into this allegation. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Discrimination for Non-Job-Related Conduct Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**



# COMPLAINT OF PROHIBITED PERSONNEL PRACTICE OR OTHER PROHIBITED ACTIVITY

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Delete the Discrimination for Non-Job-Related Conduct Claim Below

1. For what conduct do you believe you have faced discrimination?

2. Does your conduct involve your sexual orientation?  Yes  No

3. Does your conduct involve your gender identity?  Yes  No

4. When and where did you engage in this conduct? (For example, did it occur before/after duty hours, away from work?)

5. State the name, title, and position in your chain of command of the agency official(s) who discriminated against you based on your conduct.

First Name	Last Name	Title (e.g., Deputy Director)	Chain of Command (e.g., 1 <sup>st</sup> level supervisor)

Del

Add Row

6. If you know, state when and how the agency official(s) learned of your conduct.

7. State how the agency official(s) discriminated against you based on your conduct. Check all applicable:

- Removal
- Suspension
- Other Discipline
- VA Expedited Process
- Gag Order
- Detail
- Promotion
- Appointment
- Reinstatement
- Reassignment
- Harassment/Hostile Work Environment
- Psychiatric Examination
- Performance Evaluation
- Changes to Duties/Working Conditions
- Pay, Benefits, Training
- Other

Describe:

8. What facts indicate that the involved agency official(s) discriminated against you based on your conduct? (For example, did the agency official(s) make negative comments about your conduct? Were other employees who did not engage in such conduct treated differently from you?)



# COMPLAINT OF PROHIBITED PERSONNEL PRACTICE OR OTHER PROHIBITED ACTIVITY

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**Add Another Discrimination for Non-Job-Related Conduct Claim**

### Other Bases of Discrimination

*(Based on Race, Color, Religion, Sex, National Origin, Age, Disability, Marital Status, or Political Affiliation)*

An agency official is prohibited from discriminating for or against any employee or applicant for employment on the basis of race, color, religion, sex, national origin, age, disability (or handicapping condition), marital status or political affiliation.

[5 U.S.C. § 2302\(b\)\(1\)](#). OSC routinely examines claims of discrimination based on **marital status** and **political affiliation**. However, we defer nearly all claims of discrimination based on race, color, religion, sex, national origin, age, disability (or handicapping condition) to the EEO process. Filing an OSC complaint based upon one of these bases will not change the deadlines for filing an EEO complaint. While allegations of sexual orientation and gender identity discrimination are also sex discrimination, **OSC also examines these allegations as complaints of Discrimination for Non-Job-Related Conduct. If you are making an allegation of sexual orientation or gender identity discrimination, please complete the questions for that section.**

Please briefly answer the following questions about your discrimination claim. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Other Bases of Discrimination Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**

**Delete the Other Bases of Discrimination Claim Below**

1. What is the basis of your discrimination claim?

- |   |  |
|---|--|
| <input type="checkbox"/> Race                                   | <input type="checkbox"/> National Origin       |
| <input type="checkbox"/> Color                                  | <input type="checkbox"/> Age                   |
| <input type="checkbox"/> Religion                               | <input type="checkbox"/> Marital Status        |
| <input type="checkbox"/> Sex                                    | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Disability (or handicapping condition) |  |

2. What is your status within that basis? (For example, if you are claiming marital status discrimination, are you married, single, widowed, or separated?)

3. What action(s) did the agency take or fail to take?

Check all applicable:

- |   |   |
|---|---|
| <input type="checkbox"/> Removal              | <input type="checkbox"/> Reinstatement                        |
| <input type="checkbox"/> Suspension           | <input type="checkbox"/> Reassignment                         |
| <input type="checkbox"/> Other Discipline     | <input type="checkbox"/> Harassment/Hostile Work Environment  |
| <input type="checkbox"/> VA Expedited Process | <input type="checkbox"/> Psychiatric Examination              |
| <input type="checkbox"/> Gag Order            | <input type="checkbox"/> Performance Evaluation               |
| <input type="checkbox"/> Detail               | <input type="checkbox"/> Changes to Duties/Working Conditions |



# COMPLAINT OF PROHIBITED PERSONNEL PRACTICE OR OTHER PROHIBITED ACTIVITY

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- Promotion
- Pay, Benefits, Training
- Appointment
- Other

Describe:

4. When did the action(s) occur?

5. State the name, title, and position in your chain of command of the agency official(s) involved in the action(s).

First Name	Last Name	Title (e.g., Deputy Director)	Chain of Command (e.g., 1 <sup>st</sup> level supervisor)	Del

Add Row

6. What was the agency's stated reason(s) for the action(s)?

7. What facts support your assertion that the action was discriminatory?

Add Another Other Bases of Discrimination Claim

### Improper Personnel Actions

An agency official is prohibited from taking or failing to take a **personnel action** if doing so results in the violation of a law, rule, or regulation that implements, or directly concerns, a merit system principle listed in [5 U.S.C. § 2301](#), [5 U.S.C. § 2302\(b\)\(12\)](#). Retaliation for petitioning a member of Congress or exercising your First Amendment rights falls under this section.

Please **briefly** answer the following questions about your claim under this section. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Improper Personnel Actions Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**

Delete the Improper Personnel Actions Claim Below

1. What was the personnel action(s) taken or not taken?

Check all applicable:

- Removal
- Reinstatement



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- Suspension
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- Other Discipline
- Harassment/Hostile Work Environment
- VA Expedited Process
- Psychiatric Examination
- Gag Order
- Performance Evaluation
- Detail
- Changes to Duties/Working Conditions
- Promotion
- Pay, Benefits, Training
- Appointment
- Other

Describe:

2. When was the personnel action(s) taken or not taken?

3. State the name, title, and position in your chain of command of the agency official(s) involved in the personnel action(s).

First Name	Last Name	Title <small>(e.g., Deputy Director)</small>	Chain of Command <small>(e.g., 1<sup>st</sup> level supervisor)</small>
			<b>Del</b>

Add Row

4. Describe the role played by each agency official listed above in the personnel action(s) that is the subject of your complaint. (e.g., recommending official, proposing official, deciding official, approving official, etc.).

5. What law, rule, or regulation was violated by the agency's taking or failing to take the personnel action(s)?

Add Another Improper Personnel Actions Claim





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## Non-Disclosure Agreement

An agency official is prohibited from implementing or enforcing a non-disclosure policy, form, or agreement (commonly called a “gag order”) if it does not contain a statement notifying employees and applicants for federal employment of their rights, obligations, and liabilities concerning classified information, communications to Congress, whistleblowing to an Inspector General, or any other whistleblower protection. [5 U.S.C. § 2302\(b\)\(13\)](#).

Please briefly answer the following questions about this claim. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the “Add Another Non-Disclosure Agreement Claim” button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**

**Delete the Non-Disclosure Agreement Claim Below**

1. Describe the non-disclosure policy or “gag order.”

2. State the name, title, and position in your chain of command of the agency official(s) who implemented or enforced the non-disclosure agreement or policy.

First Name	Last Name	Title (e.g., Deputy Director)	Chain of Command (e.g., 1 <sup>st</sup> level supervisor)	Del

**Add Row**

3. When was the agreement or policy issued?

4. To whom does the agreement or policy apply (*i.e.*, does the agreement apply only to you, to the subordinates of a particular agency official(s), to a field office, or to the entire agency?)

5. Does the agreement or policy contain a statement concerning whistleblower rights?

Yes  No

**Add Another Non-Disclosure Agreement Claim**

## Improper Accessing of Medical Records

An agency official is prohibited from accessing the medical records of another employee or applicant for employment as a part of, or otherwise in furtherance of, the commission of a prohibited personnel practice. [5 U.S.C. § 2302\(b\)\(14\)](#).



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Please briefly answer the following questions about your claim. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Improper Accessing of Medical Records Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**

**Delete the Improper Accessing of Medical Records Claim Below**

- Who accessed your medical records?
- When were they accessed?
- Please provide any additional details you may have to describe how your records were accessed.
- What reason did the agency give to explain why they accessed your medical records? Why do you think they did so?
- What action, if any, did the agency take based on information learned from your medical records?
- Do you think that agency officials improperly accessed your medical records in connection with one of the other PPPs listed on this form? If so, please describe.

**Add Another Improper Accessing of Medical Records Claim**

### Coerce Political Activity

An agency official is prohibited from coercing a person to engage in political activity, and from taking action against a person for refusing to do so. This section prohibits the coercion of a person's political activity, including providing any political contribution or service. [5 U.S.C. § 2302\(b\)\(3\)](#).

Please briefly answer the following questions about your claim of coerced political activity. **If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Coerce Political Activity Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.**



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Delete the Coerce Political Activity Claim Below

1. Describe the political activity or service you were coerced into undertaking.

2. How did an agency official attempt to coerce political activity?

3. When did the coercion occur?

4. State the name, title, and position in your chain of command of the agency official(s) involved in the coercion.

First Name	Last Name	Title (e.g., Deputy Director)	Chain of Command (e.g., 1 <sup>st</sup> level supervisor)	Del

Add Row

5. Why did you feel coerced? (For example, what were the stated or implied adverse consequences for refusal to participate in the political activity or service?)

6. Have you also filed a Hatch Act complaint with OSC based on this incident?

Yes  No

Add Another Coerce Political Activity Claim



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### Other



OSC also has jurisdiction over certain other activities prohibited by statute. If none of the categories of wrongdoing above apply to your circumstances, please tell us the basis of your complaint below. OSC will determine whether we have jurisdiction over your complaint. **You will have an opportunity to attach supporting documentation before you submit your form.**

### Attachments

I would like to attach documents to my complaint.

**ATTACH**

Please note that the space available for attachments is limited. Therefore, **DO NOT** attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your complaint (e.g., proposed AND final disciplinary action, along with any written reply you submitted; letter of reprimand; performance appraisal; PIP; vacancy announcement) **if these documents are relevant to your allegations.**

To see the attachments that have been successfully added to your form, click on the paperclip icon  in the dark gray panel on the far left side of your screen. Please note that, if you print a copy of your form, the attachments will not print with it. However, any documents that appear in the paperclip panel  will be transmitted to OSC.



# COMPLAINT OF PROHIBITED PERSONNEL PRACTICE OR OTHER PROHIBITED ACTIVITY

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## PART 5: CONSENT TO CERTAIN DISCLOSURES OF INFORMATION

\* Denotes Required Fields

OSC asks everyone who files a complaint alleging a possible prohibited personnel practice or other prohibited activity to select one of three Consent Statements shown below. Please: (a) select and check one of the Consent Statements below; and (b) keep a copy for your own records.

If you initially select a Consent Statement that restricts OSC's use of information, you may later select a less restrictive Consent Statement. If your selection of Consent Statement 2 or 3 prevents OSC from being able to conduct an investigation, an OSC representative will contact you, explain the circumstances, and provide you with an opportunity to select a less restrictive Consent Statement.

You should be aware that the Privacy Act and other applicable federal laws allow information in OSC case files to be used or disclosed for certain purposes, regardless of which Consent Statement you sign. Information about certain circumstances under which OSC can use or disclose information under the Privacy Act appears in the Form Submission part of this form.

**\*(Please check ONLY one)**

**Consent Statement 1**

I consent to OSC's communication with the agency involved in my complaint. I agree to allow OSC to disclose my identity and information about my complaint if OSC decides that such disclosure is needed to investigate my complaint (for example, to request information from the agency, or seek a possible resolution).

**Consent Statement 2**

I consent to OSC's communication with the agency involved in my complaint, but I *do not agree* to allow OSC to disclose my identity to that agency. I agree to allow OSC to disclose only information about my complaint, without disclosing my name or other identifying information, if OSC decides that such disclosure is needed to investigate my complaint (for example, to request information from the agency, or seek a possible resolution). I understand that in some circumstances, OSC could not maintain my anonymity while communicating with the agency involved about a specific personnel action. In such cases, I understand that my request for confidentiality may prevent OSC from taking further action on the complaint.

**Consent Statement 3**

I do not consent to OSC's communication with the agency involved in my complaint. I understand that if OSC decides that it cannot investigate my complaint without communicating with that agency, my lack of consent will probably prevent OSC from taking further action on the complaint.

**Next**



## REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

Do not use this form to submit classified information.

For instructions or questions, call the Disclosure Unit at (202) 804-7000.

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### Report Government Wrongdoing (Disclosure)

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Gross Mismanagement

Gross Waste of Funds

Abuse of Authority

Danger to Public Health

Danger to Public Safety

Censorship Related to Scientific Research

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## PART 1: IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

### OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under [5 U.S.C. § 1213](#) and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

### OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

### ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

### RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint for retaliation by selecting Add/Delete a Complaint from the top left corner. Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce. PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.



# REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

Do not use this form to submit classified information.

For instructions or questions, call the Disclosure Unit at (202) 804-7000.

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Gross Mismanagement

Gross Waste of Funds

Abuse of Authority

Danger to Public Health

Danger to Public Safety

Censorship Related to Scientific Research

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## PART 2: BIOGRAPHICAL INFORMATION

\* Denotes Required Fields

### 1. Complainant Information:

Title \_\_\_\_\_

First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name\* \_\_\_\_\_

### 2. Contact Information:

Address Location\*  Domestic  International

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_

\*At least **ONE** phone number **OR** email address is required.

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred means of contact:

email  home phone  cell phone  office phone

Please do not contact me on my office phone

International Address\*

\_\_\_\_\_

\*At least **ONE** phone number **OR** email address is required.

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred means of contact:

email  home phone  cell phone  office phone

Please do not contact me on my office phone



# REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

Do not use this form to submit classified information.

For instructions or questions, call the Disclosure Unit at (202) 804-7000.

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3. Do you have representation?\*  Yes  No

Title \_\_\_\_\_

First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name\* \_\_\_\_\_

Address Location\*  Domestic  International

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_

\*At least **ONE** phone number **OR** email address is required.

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred means of contact:

email  home phone  cell phone  office phone

International Address\*

\_\_\_\_\_

\*At least **ONE** phone number **OR** email address is required.

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred means of contact:

email  home phone  cell phone  office phone

4. Complainant's employment status:\*

Current Federal Employee

Former Federal Employee

Applicant For Federal Employment

Non-Federal Employee (*please specify below*)

\_\_\_\_\_





# REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

Do not use this form to submit classified information.

For instructions or questions, call the Disclosure Unit at (202) 804-7000.

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5. If current or former federal employee, please list most recent position title, series, grade:

Title (for instance, Investigator) \_\_\_\_\_

Series (for instance, GS-1810) \_\_\_\_\_

Grade (for instance, GS-9) \_\_\_\_\_

6. Please provide your dates of employment in this position. \_\_\_\_\_

7. Department name:\* \_\_\_\_\_

8. Agency name:\* \_\_\_\_\_

9. Agency subcomponent: \_\_\_\_\_

10. Street Address: \_\_\_\_\_

11. City:\* \_\_\_\_\_

12. State:\* \_\_\_\_\_  Check here if agency address is international\*

Country:\* \_\_\_\_\_

13. Zip Code: \_\_\_\_\_

14. Are you covered by a collective bargaining agreement? (Check one.)

Yes  No  I don't know

15. Which of the following apply to your employment status? (Check all applicable items.)

a. Competitive Service

Temporary appointment  Career or career-conditional appointment  
 Term appointment  Probationary employee

b. Excepted Service

Schedule A  Schedule B  Schedule C

National Guard/Reserve Tech  Postal Service

Tennessee Valley Authority  Non-appropriated fund

Other (specify): \_\_\_\_\_

c. Senior Executive Service (SES) or Executive Level

Career SES  Executive Level V or above

Non-career SES  Presidential appointee (Senate-confirmed)

d. Other

Civil service annuitant  Military officer or enlisted person

Former civil service employee  Contract employee

Unknown  Other (specify): \_\_\_\_\_



# REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

Do not use this form to submit classified information.

For instructions or questions, call the Disclosure Unit at (202) 804-7000.

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## PART 3: SELECT YOUR DISCLOSURES

Please identify the type of wrongdoing that you are alleging (check ALL that apply - you MUST check one option). If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation).

Violation of law, rule, or regulation (*please specify*):

Gross mismanagement

Gross waste of funds

Abuse of authority

Substantial and specific danger to public health

Substantial and specific danger to public safety

Censorship related to scientific research

For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

**If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Instance" button at the end of each section. You will have an opportunity to attach supporting documentation before you submit your form.**

### Violation of law, rule, or regulation

Delete the Violation of Law Claim Below

a. Who took the action?

First Name	Last Name	Title	Del

Add Row



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b. What action did they take?

c. When did this action occur? \_\_\_\_\_

d. How did you discover this action?

e. What additional facts support your allegation of a violation of law, rule, or regulation?

**Add Another Violation of Law, Rule, or Regulation Claim**

### Gross mismanagement

**Delete the Gross Mismanagement Claim Below**

a. Who took the action?

First Name	Last Name	Title	Del

**Add Row**

b. What action did they take?

c. When did this action occur? \_\_\_\_\_

d. How did you discover this action?

e. What additional facts support your allegation of gross mismanagement?

**Add Another Gross Mismanagement Claim**



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## Gross waste of funds

Delete the Gross Waste of Funds Claim Below

a. Who took the action?

First Name	Last Name	Title	Del
			Del

Add Row

b. What action did they take?

c. When did this action occur? \_\_\_\_\_

d. How did you discover this action?

e. What additional facts support your allegation of gross waste of funds?

Add Another Gross Waste of Funds Claim

## Abuse of authority

Delete the Abuse of Authority Claim Below

a. Who took the action?

First Name	Last Name	Title	Del
			Del

Add Row

b. What action did they take?

c. When did this action occur? \_\_\_\_\_

d. How did you discover this action?

e. What additional facts support your allegation of abuse of authority?

Add Another Abuse of Authority Claim



# REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

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### Substantial and specific danger to public health

Delete the Substantial and Specific Danger to Public Health Claim Below

a. Who took the action?

First Name	Last Name	Title	Del
			Del

Add Row

b. What action did they take?

c. When did this action occur? \_\_\_\_\_

d. How did you discover this action?

e. What additional facts support your allegation of substantial and specific danger to public health?

Add Another Substantial and Specific Danger to Public Health Claim

### Substantial and specific danger to public safety

Delete the Substantial and Specific Danger to Public Safety Claim Below

a. Who took the action?

First Name	Last Name	Title	Del
			Del

Add Row

b. What action did they take?

c. When did this action occur? \_\_\_\_\_

d. How did you discover this action?

e. What additional facts support your allegation of substantial and specific danger to public safety?



# REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

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Add Another Substantial and Specific Danger to Public Safety Claim

### Censorship related to scientific research

Delete the Censorship Related to Scientific Research Claim Below

a. Who took the action?

First Name	Last Name	Title	Del
			Del

Add Row

b. What action did they take?

c. When did this action occur? \_\_\_\_\_

d. How did you discover this action?

e. What additional facts support your allegation of censorship related to scientific research?

Add Another Censorship Related to Scientific Research Claim

1. What action would you like OSC to take?

### PART 4: WHERE ELSE DID YOU REPORT THIS MATTER?

2. I have also disclosed this information to (complete all that apply):

None or not applicable

Inspector General of department / agency involved

Date: \_\_\_\_\_



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a. Who did you contact?

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Case ID #: \_\_\_\_\_

b. What is the status of the matter?

\_\_\_\_\_ (please specify): \_\_\_\_\_

Other office of department / agency involved (please specify): \_\_\_\_\_ Date: \_\_\_\_\_

Department of Justice \_\_\_\_\_ Date: \_\_\_\_\_

Other Executive Branch / department / agency (please specify): \_\_\_\_\_ Date: \_\_\_\_\_

General Accounting Office (GAO) \_\_\_\_\_ Date: \_\_\_\_\_

Congress or congressional committee (please specify member or committee): \_\_\_\_\_ Date: \_\_\_\_\_

Press / media (newspaper, television, other) (please specify): \_\_\_\_\_ Date: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL**  
It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.



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### ATTACHMENTS

The attachments I added in the Prohibited Personnel Practices (PPP) section also apply to my disclosure.

I would like to add attachments specific to my disclosure.

**ATTACH**



Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure **if these documents are relevant to your allegations.**

To see the attachments that have been successfully added to your form, click on the paperclip icon  in the dark gray panel on the far left side of your screen. Please note that, if you print a copy of your form, the attachments will not print with it. However, any documents that appear in the paperclip panel  will be transmitted to OSC.

### ATTACHMENTS

I would like to attach documents to my disclosure. **ATTACH**

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure **if these documents are relevant to your allegations.**

To see the attachments that have been successfully added to your form, click on the paperclip icon  in the dark gray panel on the far left side of your screen. Please note that, if you print a copy of your form, the attachments will not print with it. However, any documents that appear in the paperclip panel  will be transmitted to OSC.

### PART 5: CONSENT TO DISCLOSURE OF INFORMATION

\* Denotes Required Fields

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?\*

I consent to disclosure of my identity.

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

**Next**





## U.S. Office of Special Counsel

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Prohibited Personnel Practices (PPP)

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### CERTIFICATION

\* Denotes Required Fields

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both [18 U.S.C. § 1001](#)

**BURDEN:** The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

**OTHER INFORMATION:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING.**

**REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.**

If you would like to print and mail your complaint, please address it to:

U.S. Office of Special Counsel  
1730 M Street, NW  
Suite 218  
Washington, DC 20036

Next



# U.S Office of Special Counsel Form Submission

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◀ **Add / Delete a Complaint**

Prohibited Personnel Practices  
(PPP)

**Certification**

Submission

Before you submit your complaint to OSC, please take a moment to review the following **Pre-Submission Summary**.

### PRE-SUBMISSION SUMMARY

#### COMPLAINT OF A HATCH ACT VIOLATION

Based on the information you entered in the preceding form, a complaint will be submitted to the Office of Special Counsel reporting alleged Hatch Act violation(s) involving a:

A list of documents attached appears at the bottom of this page. If you have not attached documents and would like to do so, or if you would like to attach more documents, please click [here](#) to return to that section of the form.

#### COMPLAINT OF PROHIBITED PERSONNEL PRACTICE

Based on the information you entered in the preceding form, the following Prohibited Personnel Practice(s) will be submitted to the Office of Special Counsel:

If you would like to include more allegations, please click [here](#) to return to the "Select Your PPPs" section of the form.

A list of documents attached appears at the bottom of this page. If you have not attached documents and would like to do so, or if you would like to attach more documents, please click [here](#) to return to that section of the form.

#### FILING A DISCLOSURE WITH OSC

Based on the information you entered in the preceding form, the following Disclosure(s) will be submitted to the Office of Special Counsel:

If you would like to include more disclosures, please click [here](#) to return to the "Select Your Disclosures" section of the form.

A list of documents attached appears at the bottom of this page. If you have not attached documents and would like to do so, or if you would like to attach more documents, please click [here](#) to return to that section of the form.

We find that you have successfully attached the following documents:



## U.S Office of Special Counsel Form Submission

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Prohibited Personnel Practices  
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This form requests information that is relevant and necessary to review your allegations of agency wrongdoing, prohibited personnel practices, or other prohibited activity within OSC's jurisdiction. OSC encourages, but does not require, you to use this form to allege a Hatch Act violation or disclose agency wrongdoing. The U.S. Office of Special Counsel collects this information in order to process complaints alleging wrongdoing under its statutory and regulatory authority. Because your complaint or disclosure is a voluntary action, you are not required to provide any personal information to OSC in connection with your complaint or disclosure. However, OSC cannot process incomplete forms lacking necessary information.

**ROUTINE USES:** OSC uses the information it collects for official purposes. OSC needs some disclosure of information from its files to fulfill OSC's disclosure review, investigative, prosecutorial, and related responsibilities. OSC published descriptions of its routine uses for information in its files in the Federal Register (F.R.). OSC uses some information about your complaint or disclosure in depersonalized form for statistical purposes. Finally, OSC may disclose information from your file as required by law under the provisions of the Freedom of Information Act and the Privacy Act. See 5 U.S.C. §§ 552, 552a.

Once you click "Submit", any changes you make to this form will not be transmitted to OSC. However, you can amend or add information by contacting the attorney/investigator/examiner assigned to your complaint. You can contact that person by calling (202) 804-7000.

Please save a copy of your completed form before submitting.

**Save**

Once you have saved a copy, click the "Submit" button to submit your OSC Form 14.

**Submit**