

Complaint Involving Employment Discrimination by a Federal Government Contractor or Subcontractor

Instruction Sheet

Use this form to file a complaint against an employer for violating any of the three laws the Office of Federal Contract Compliance Programs (OFCCP) enforces:

- Executive Order 11246, as amended;
- Section 503 of the Rehabilitation Act of 1973, as amended; and the
- Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

These laws make it illegal for companies doing business with the Federal Government to discriminate against job applicants and employees based on race, color, religion, sex, sexual orientation, gender identity, national origin, disability and status as a protected veteran. This includes discrimination in pay and other forms of compensation. Executive Order 11246, as amended, also prohibits federal contractors from discriminating against applicants and employees for inquiring about, discussing, or disclosing compensation.

In addition, it is illegal for these companies to retaliate or otherwise take employment actions that negatively affect job applicants and employees because they filed a complaint, opposed acts or practices made unlawful by OFCCP's laws, or provided information or assistance during a compliance evaluation or complaint investigation. Retaliatory actions include any intimidation, threat, coercion or discrimination.

General Instructions:

Print or type the information when filling out the form. Tell OFCCP how you or someone else can be reached, what happened, why you believe it was discrimination or retaliation, who took the actions you described, and if allegations of employment discrimination have been filed before with another federal or local agency. Also, explain where and when the discrimination or retaliation happened, who saw it, and who may have information about what happened to you. Your signature is required on the complaint form, and if it is not on the form when you submit it, we will ask you to sign it. If you have authorized another person to file the complaint on your behalf, your representative's signature is required on the complaint form.

The form includes a place for you to select the reason why you believe your employer discriminated or retaliated against you. If you believe you may have been discriminated or retaliated against for multiple reasons, such as race and sex, select all the protected bases that apply.

When describing what happened, tell us how it changed your work. For example, let us know if it caused you not to be hired for a job; caused you to be fired, laid off, demoted, or denied a promotion; or caused you to lose seniority or have your job assignment changed. You may have also been paid less than others doing the same or similar work. We also want to know if what happened involved training, pregnancy leave, harassment, accommodation for a disability or for religious observances, or segregation of facilities.

You can use a separate piece of paper if you need more space to describe what happened to you. Remember to attach the piece of paper to the complaint form when you are done.

If you are filing a complaint of discrimination because of your veteran status, remember to attach your Certificate of Release or Discharge from Active Duty (also known as DD Form 214). If one is not provided, we will ask you to provide one later. There are several categories of veterans protected by VEVRAA: disabled veterans, veterans separated from service for no more than three years, active duty wartime or campaign badge veterans, and armed forces service medal veterans. For more details on these categories, visit OFCCP's Web site at: <http://www.dol.gov/agencies/ofccp/protected-vet>.

Where to file the complaint?

You should send the completed complaint form to the OFCCP regional office that covers the state where the alleged discrimination happened. Send OFCCP your form by U.S. mail, fax, or e-mail. A list of regional offices and the states that each office covers can be found on the OFCCP Web site at: <http://www.dol.gov/agencies/ofccp/ask-ofccp/regional-office-directory>.

When to file a complaint?

Complaints based on your race, color, religion, sex, sexual orientation, gender identity, or national origin, must be filed within **180 days** of the action(s) taken by your employer that you think was either discrimination or retaliation. The same 180-day time frame applies to pay transparency complaints alleging discrimination for discussing, disclosing, or inquiring about pay.

Complaints based on your disability or status as a protected veteran must be filed within **300 days** of the action(s) taken by your employer that you think was either discrimination or retaliation.

Privacy Act Statement

The collection of information using this form is authorized by the laws OFCCP enforces, Title VII of the Civil Rights Act of 1964 (Title VII), as amended, and Title I of the Americans with Disabilities Act of 1990 (ADA), as amended. OFCCP uses this information to process complaints and conduct investigations of alleged violations of these employment discrimination laws. OFCCP will provide a copy of this complaint to the employer against whom it is filed, and when the matters alleged are covered by Title VII and/or the ADA, to the U.S. Equal Employment Opportunity Commission (EEOC). The information collected may be: 1) verified with others who may have knowledge relevant to the complaint; 2) used in settlement negotiations with the employer or in the course of presenting evidence at a hearing; or 3) disclosed to other agencies with jurisdiction over the complaint.

Providing this information is voluntary; however, failure to provide the information may delay or prevent OFCCP from investigating your complaint and, for matters covered by Title VII or the ADA, may affect your right to sue under those laws.

Public Burden Statement

The estimated time to complete this form is 1 hour, including time for reviewing instructions, filling out the form and sending it to OFCCP. Please note that you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number.