

FOR FURTHER INFORMATION CONTACT: Chi D. Tran, Paralegal Specialist, Office of the Legal Adviser, U.S. Department of State (telephone: 202-632-6471; email: section2459@state.gov). The mailing address is U.S. Department of State, L/PD, SA-5, Suite 5H03, Washington, DC 20522-0505.

SUPPLEMENTARY INFORMATION: The foregoing determinations were made pursuant to the authority vested in me by the Act of October 19, 1965 (79 Stat. 985; 22 U.S.C. 2459), Executive Order 12047 of March 27, 1978, the Foreign Affairs Reform and Restructuring Act of 1998 (112 Stat. 2681, *et seq.*; 22 U.S.C. 6501 note, *et seq.*), Delegation of Authority No. 234 of October 1, 1999, and Delegation of Authority No. 236-3 of August 28, 2000.

Marie Therese Porter Royce,

Assistant Secretary, Educational and Cultural Affairs, Department of State.

[FR Doc. 2020-00408 Filed 1-10-20; 8:45 am]

BILLING CODE 4710-05-P

DEPARTMENT OF TRANSPORTATION

Office of the Secretary

[Docket No. DOT-OST-2020-0003]

Agency Information Collection

**Activities: Request for Comments;
Renewal of a Previously Approved
Information Collection: U.S.
Department of Transportation,
Individual Complaint of Employment
Discrimination Form**

AGENCY: Office of the Secretary, U.S. Department of Transportation.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces that the U.S. Department of Transportation (DOT) will forward the Information Collection Request (ICR) abstracted below to the

Office of Management and Budget (OMB) for renewal of a previously approved collection. The ICR describes the nature of the information collection and its expected cost and burden hours. The OMB approved the form in 2017 with its renewal required by January 31, 2020. The **Federal Register** Notice with a 60-day comment period soliciting comments on the form renewal was published on November 1, 2019 [FR Vol. 84, No. 212, page 58830]. No comments were received.

DATES: Comments on this notice must be received by February 12, 2020.

FOR FURTHER INFORMATION CONTACT:

Beverly Onwubere, Associate Director, Equal Employment Opportunity (EEO) Complaints and Investigations Division (S-34), U.S. Department of Transportation, Departmental Office of Civil Rights, W78-316, 1200 New Jersey Avenue SE, Washington, DC 20590, 202-366-5988 (office), beverly.onwubere@dot.gov.

SUPPLEMENTARY INFORMATION:

Title: Individual Complaint of Employment Discrimination Form.

Form Number: DOT-F 1050-8.

OMB Control Number: 2105-0556.

Type of Request: Renewal of a previously approved collection.

Abstract: The DOT will utilize the form to collect information necessary to process EEO discrimination complaints filed by individuals who are Federal employees, former employees or applicants for employment with the Department. These complaints are processed in accordance with the U.S. Equal Employment Opportunity Commission's regulations, Title 29, Code of Federal Regulations, Part 1614, as amended. The DOT will use the form to: (a) Request requisite information from the applicant for processing his/her EEO discrimination complaint; and (b) obtain information to identify an individual or his or her attorney or other representative, if appropriate. An applicant's filing of an EEO

discrimination complaint is solely voluntary. The DOT estimates that it takes an applicant approximately one hour to complete the form.

Affected Public: Federal employees, former employees, or applicants for employment with the Department.

Estimated Number of Respondents: 100 per year.

Estimated Total Annual Estimated Burden: 100 hours.

Frequency of Collection: An individual's filing of an EEO complaint is solely voluntary.

ADDRESSES: Send comments regarding the burden estimate, including suggestions for reducing the burden, to the Office of Management and Budget, Attention: Desk Officer for the Office of the Secretary of Transportation, 725 17th Street NW, Washington, DC 20503. Comments are invited on: Whether the proposed collection of information is necessary for the proper performance of the functions of the Department, including whether the information will have practical utility; the accuracy of the Department's estimate of the burden of the proposed information collection; ways to enhance the quality, utility and clarity of the information to be collected; and ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology. All responses to this notice will be summarized and included in the request for Office of Management and Budget approval. All comments will also become a matter of public record.

Authority: The Paperwork Reduction Act of 1995; 44 U.S.C. Chapter 35, as amended; and 49 CFR 1:48.

Issued in Washington, DC, on January 7, 2020.

Charles E. James, Sr.,

*Director, Departmental Office of Civil Rights,
U.S. Department of Transportation.*

BILLING CODE 4910-9X-P

OMB No:

PAPERWORK REDUCTION ACT BURDEN STATEMENT

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays valid OMB control number. The public reporting burden for this voluntary collection of information is estimated to average 1 hour per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the U.S. Department of Transportation, Departmental Office of Civil Rights, S-34, 1200 New Jersey Avenue, SE., Washington, DC 20590



U.S. Department of Transportation

INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION
FORM INSTRUCTIONS

*(Read the following instructions carefully before you complete this form.)
(Please complete all items on the complaint form.)*

GENERAL: This form should be used only if you, as an applicant for employment with the Department of Transportation, or as a present or former Department of Transportation employee:

- 1) believe you have been discriminated against because of your **race, color, religion, sex** (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), **national origin, age** (40 years or older at the time of the event giving rise to your claim), **physical or mental disability, equal pay/compensation, genetic information**, or believe that you have been **retaliated** against for participating in activities covered under the Equal Employment Opportunity statutes; **and**
- 2) have presented the matter for informal resolution to an EEO Counselor within **45-calendar days** of the event giving rise to your claim, or within **45-calendar days** of first becoming aware of the alleged discrimination.

IMPORTANT NOTE: In certain situations, the information provided in Part III of the attached complaint form may be used in lieu of an affidavit in the investigation of your complaint. Accordingly, the information you provide in this part should be brief, clear, and complete.

WHEN TO FILE: In accordance with 29 C.F.R. § 1614.106, your formal complaint must be filed within **15-calendar days** of the date you received the Notice of Right to File a Discrimination Complaint form from your EEO Counselor. You must sign and date your complaint. If you are represented **by an attorney**, the attorney may sign the complaint on your behalf.

These time limits may be extended: **1)** if you show that you were not notified of the time limits and were not otherwise aware of them, or **2)** if you were prevented by circumstances beyond your control from submitting the matter within the time limits, or **3)** for other reasons considered sufficient by the Department.

REPRESENTATION: You may have a representative of your own choosing at all stages of the processing of your complaint. However, your representative will be disqualified if such representation would conflict with the official or collateral duties of the representative. No EEO Counselor or EEO Officer may serve as a representative. *(Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)*

WHERE TO FILE: The complaint should be filed with the Associate Director, Equal Employment Opportunity Complaints and Investigations Division (S-34), Departmental Office of Civil Rights, 1200 New Jersey Avenue, S.E., W76-401, Washington, DC 20590. Filing instructions are contained in the Notice of Right to File a Discrimination Complaint form which was provided by your EEO Counselor. Keep a copy of the completed complaint form for your records.

(PLEASE ALSO READ THE PRIVACY ACT STATEMENT ON THE REVERSE SIDE)

PRIVACY ACT STATEMENT

1. **FORM NUMBER/TITLE DATE:** Department of Transportation Form Number 1050-8, Individual Complaint of Employment Discrimination with the Department of Transportation.
2. **AUTHORITY:** 42 U.S.C. 2000e; 29 U.S.C. 633a; PL 95-062 as amended; 5 U.S.C. 1303 and 1304; 5 C.F.R. 5.2 and 5.3; 29 C.F.R. 1614.105 and 1614.107; and Executive Order 11478, as amended.
3. **PRINCIPAL PURPOSES:** The purpose of this complaint form, whether recorded initially on the form or taken from a letter from the Complainant, is to record the filing of a formal written complaint of employment discrimination with the Department of Transportation on the grounds of race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age, physical or mental disability, genetic information, or reprisal, and to reach a decision on the complaint. Information provided on this form will be used by the Department of Transportation to determine whether the complaint was timely filed and whether the claims in the complaint are within the purview of 29 C.F.R. Part 1614, and to provide a factual basis for investigation of the complaint.
4. **ROUTINE USES:** Other disclosures may be:
 - a. to respond to a request from a Member of Congress regarding the status of the complaint or appeal;
 - b. to respond to a court subpoena and/or to refer to a district court in connection with a civil suit;
 - c. to disclose information to authorized officials or personnel to adjudicate a complaint or appeal;
 - d. to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.
5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION:** Formal complaints of employment discrimination must be in writing, signed by the Complainant (or attorney representative), and must identify the parties and action or policy at issue. Failure to comply may result in the Department of Transportation dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

DETACH AND KEEP THIS PAGE WHEN YOU FILE YOUR COMPLAINT

 DEPARTMENT OF TRANSPORTATION INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION WITH THE DEPARTMENT OF TRANSPORTATION		FOR OFFICE USE ONLY DEPARTMENT CASE NUMBER FILING DATE	
PART I COMPLAINANT IDENTIFICATION INFORMATION			
1. Name (Last, First, Middle Initial): 2. Telephone/Fax (Include Area Code): Home: _____ Fax: _____ Work: _____ Fax: _____ E-Mail: _____		5. Name and Address of Organization Where You Work (If a Department of Transportation Employee): Office and Staff Symbol: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____	
3. Present Home Address (You must notify the Departmental Office of Civil Rights of any changes to your address while the complaint is pending, or your complaint may be dismissed): Street Address: _____ City: _____ State: _____ Zip Code: _____		6. Employment Status in Relation to this Complaint: ☐ Applicant ☐ Probationary ☐ Career/Career Conditional ☐ Former Employee Date Last Employed at Department: _____ ☐ Retired Date of Retirement: _____ ☐ Other Specify: _____	
4. If you are a <i>current</i> or <i>former</i> employee of the Federal government, list your most recent title, series, and grade. Title: _____ Series: _____ Grade: _____			
7. I certify that <u>all</u> of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. Signature of Complainant or ATTORNEY Representative _____ Date: _____			
PART II DESIGNATION OF REPRESENTATIVE			
8. You may represent yourself in this complaint or you may choose someone to represent you. Your representative does not have to be an attorney. You may change your designation of a representative at a later date, but you must notify the Departmental Office of Civil Rights immediately in writing of any change, and you must include the same information requested in this Part. "I hereby designate _____ (Please Print Name) to serve as my representative during the course of this complaint. I understand that my representative is authorized to act on my behalf."			
9. Representative's Mailing Address: Firm/Organization: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____		10. Representative's Employer (If Federal Agency): 11. Representative's Telephone/Fax (Include Area Code): Telephone: _____ Fax: _____	
		12. SIGNATURE of Complainant (or ATTORNEY) DATE	

PART III ALLEGED DISCRIMINATORY ACTIONS											
13. Name and Address of Agency/office that took the action at issue (if different than item 5.) Office and Organizational Component Street Address City State Zip Code 	14. If your complaint involves non-selection for a position, please complete the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Position Title</td> <td style="width: 20%;">Series</td> <td style="width: 20%;">Grade</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Vacancy Announcement No.</td> <td style="width: 40%;">Date Learned of Non-selection</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Position Title	Series	Grade				Vacancy Announcement No.	Date Learned of Non-selection		
Position Title	Series	Grade									
Vacancy Announcement No.	Date Learned of Non-selection										
15. Mark below ONLY the basis(es) you believe were relied on to take the actions described in #17. ☐ Race (Specify) _____ ☐ Color (State Complexion) _____ ☐ Religion (Specify) _____ ☐ Sex (Gender, Sexual Harassment, Pregnancy, Sexual Orientation, Gender Identity, or Transgender Status) _____ ☐ National Origin (Specify) _____ ☐ Age (Date of Birth) _____ ☐ Mental Disability (Specify) _____ ☐ Physical Disability (Specify) _____ ☐ Equal Pay/Compensation (Specify) _____ ☐ Genetic Information (Specify) _____ ☐ Retaliation (Date(s) of prior EEO Activity) _____ _____ _____ _____											
16. Mark below ONLY the claim(s) you believe were relied on to take the actions described in #17.											
☐ 1. Appointment/Hire ☐ 2. Assignment Of Duties ☐ 3. Awards ☐ 4. Conversion To Full-Time ☐ 5. Disciplinary Action A. Demotion B. Reprimand C. Suspension D. Termination E. Other ☐ 6. Duty Hours ☐ 7. Evaluation/Appraisal ☐ 8. Examination/Test ☐ 9. Harassment A. Non-Sexual B. Sexual C. Hostile Work Environment (non-sexual) D. Hostile Work Environment (sexual)	☐ 14. Reassignment A. Denied B. Directed ☐ 15. Reasonable Accommodation - Disability ☐ 16. Reinstatement ☐ 17. Religious Accommodation ☐ 18. Retirement ☐ 19. Sex Stereotyping (LGBT-related discrimination only) ☐ 20. Telework ☐ 21. Termination ☐ 22. Terms/Conditions Of Employment 										

[FR Doc. 2020-00283 Filed 1-10-20; 8:45 am]
BILLING CODE 4910-9X-C