

DEPARTMENT OF HOMELAND SECURITY
INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION

(Use this form for original complaints and amendments.)

FOR OFFICIAL USE ONLY

DEPARTMENT CASE NUMBER

FILING DATE

PART I COMPLAINANT IDENTIFICATION

1. NAME <i>(Last, First, Middle Initial)</i>	5. NAME AND ADDRESS OF ORGANIZATION WHERE YOU WORK <i>(If a Department of Homeland Security Employee)</i>	
2. TELEPHONE/FAX <i>(Include Area Code)</i>	Bureau or Component	
Home	Office and Organizational Unit	
Fax	Street Address	
3. HOME ADDRESS <i>(You must notify the Department of any change of address while complaint is pending, or your complaint may be dismissed.)</i>	City	State
4. IF YOU ARE A CURRENT OR FORMER EMPLOYEE OF THE FEDERAL GOVERNMENT, LIST YOUR RECENT TITLE, SERIES, AND GRADE.	Zip Code	6. EMPLOYMENT STATUS IN RELATION TO THIS COMPLAINT
Title	<input type="checkbox"/> Applicant <input type="checkbox"/> Probationary <input type="checkbox"/> Career/Career Conditional	
Series	Grade	<input type="checkbox"/> Uniformed Service Member
7. I certify that <u>all</u> statements made in this complaint are true, complete, and correct to the best of my knowledge and belief.		<input type="checkbox"/> Former Employee/Member _____ Date Left Department
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 DEPARTMENT 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."**

Is the representative an attorney? YES NO

9. REPRESENTATIVE'S MAILING ADDRESS FIRM/ORGANIZATION	10. REPRESENTATIVE'S EMPLOYER <i>(If Federal Agency)</i>	
STREET ADDRESS	11. REPRESENTATIVE'S TELEPHONE/FAX <i>(Include Area Code)</i> Telephone	Fax
CITY, STATE, & ZIP CODE	12a. COMPLAINANT'S SIGNATURE	12b. DATE

PART III ALLEGED DISCRIMINATORY ACTIONS

13. NAME OF PERSON OR DHS COMPONENT WHO TOOK THE ACTION AT ISSUE.
FIRM/ORGANIZATION
STREET ADDRESS
CITY, STATE, & ZIP CODE

14. ARE YOU WILLING TO PARTICIPATE IN MEDIATION OR OTHER AVAILABLE TYPES OF ALTERNATIVE DISPUTE RESOLUTION TO RESOLVE YOUR COMPLAINT?

YES NO

15. **A.** Describe the action taken against you that you believe was discriminatory.
B. Give the date when the action occurred, and the name of each person responsible for the action.
C. Describe how you were treated differently from other employees, applicants, or members for any of the reasons listed in Item 16.
D. Indicate what harm, if any, came to you in your work situation as a result of this action. (You may, but are not required to, attach extra sheets.)
E. If the basis of your complaint is parental status or sexual orientation, use this form, but your complaint is not statutorily based and will follow separate, parallel process.

16. Mark below **ONLY** the bases you believe were relied on to take the actions described in Item 15.

- | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> RACE (Specify) | <input type="checkbox"/> AGE (Date of Birth) |
| <input type="checkbox"/> COLOR (Specify) | <input type="checkbox"/> PHYSICAL OR MENTAL DISABILITY (Describe) |
| <input type="checkbox"/> RELIGION (Specify) | <input type="checkbox"/> RETALIATION/REPRISAL (Dates of Prior EEO Activity) |
| <input type="checkbox"/> NATIONAL ORIGIN (Specify) | <input type="checkbox"/> GENETIC INFORMATION |
| <input type="checkbox"/> SEX (Specify) | <input type="checkbox"/> SEXUAL ORIENTATION |
| <input type="checkbox"/> Pregnancy <input type="checkbox"/> Gender Identity | <input type="checkbox"/> PARENTAL STATUS |

17. WHAT REMEDIAL OR CORRECTIVE ACTION ARE YOU SEEKING TO RESOLVE THIS MATTER

18. ON THIS SAME MATTER, HAVE YOU FILED A GRIEVANCE OR APPEAL UNDER:

- | | | |
|-------------------------------------------------|------------------------------|-----------------------------|
| Negotiated grievance procedure | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Agency grievance procedure | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Merit Systems Protection Board appeal procedure | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you filed a grievance or appeal, provide date filed, case number, and present status.

PART IV CONTACT

EEO/EO Counseling is not required if you are requesting amendment of an existing, open complaint.

Complete items 24 and 25, even if you did not contact a counselor.

19. DATE YOU CONTACTED AN EEO COUNSELOR	20. NAME AND TELEPHONE NUMBER OF EEO COUNSELOR Name Phone
21. DID YOU DISCUSS ALL ACTIONS RAISED IN ITEM 15 WITH AN EEO COUNSELOR? (If NO, explain on attached sheet) <input type="checkbox"/> YES <input type="checkbox"/> NO	22. DATE YOU RECEIVED YOUR "NOTICE OF RIGHT TO FILE"
23. IF YOU ARE REQUESTING AMENDMENT OF AN EXISTING, OPEN, FORMAL COMPLAINT (OR PROVIDING ADDITIONAL EVIDENCE), INDICATE THE COMPLAINT CASE NUMBER OF THAT COMPLAINT.	
24. DATE OF MOST RECENT DISCRIMINATORY EVENT	25. DATE YOU FIRST BECAME AWARE OF THE ALLEGED DISCRIMINATION

DEPARTMENT OF HOMELAND SECURITY
DHS FORM 3090-1, 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 Homeland Security (DHS), or as a present or former Department of Homeland Security employee:

1. believe you have been discriminated against because of your **race, color, religion, sex, national origin**, age (40 years or older at the time of the event giving rise to your claim), **physical or mental disability, genetic information** or in **reprisal** for opposition to activities protected by civil rights statutes, or participation in proceedings to enforce those statutes; **or**
2. believe you have been discriminated against because of your **parental status or sexual orientation**. Your claim is not covered under statutory basis, but will be processed under a parallel procedure, **and**
3. have presented the matter for informal resolution to an Equal Employment Opportunity (EEO) Counselor within **45 days** of the event giving rise to your claim, or within **45 days** of first becoming aware of the alleged discrimination. If you are amending or providing additional evidence to an existing open complaint, the form should be used, but EEO counseling is not required.

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 CFR 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" 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, EEO Investigator 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: In accordance with 29 CFR 1614.106(c), your written complaint must be signed by you or your attorney. The complaint should be filed with the EEO Director of the Department of Homeland Security component where the alleged discrimination occurred. (Filing instructions are contained in the "Right to File" form, which was provided by your Counselor.) Keep a copy of the completed complaint form for your records.

PRIVACY ACT STATEMENT

1. **FORM/TITLE/DATE:** Department of Homeland Security (DHS) DHS Form 3090-1, **Individual Complaint of Employment Discrimination** with the Department of Homeland Security.
2. **AUTHORITY:** 42 USC 2000e; 29 USC 633a; 5 USC 1303 and 1304; 5 CFR 5.2 and 5.3; 29 CFR 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 Homeland Security on the grounds of race, color, religion, sex, national origin, age, physical or mental disability, protected genetic information, or retaliation. Information provided on this form will be used by DHS to determine whether the complaint was timely filed and whether the allegations in the complaint are within the purview of 29 CFR Part 1614, to provide a factual basis for investigation of the complaint, and to reach a decision on the complaint. It also records an amendment or additional evidence to an open, pending complaint.
4. **ROUTINE USES:** Other disclosures may be:
 - a. to respond to a request form 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; or
 - 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 OF 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 Homeland Security dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

OMB STATEMENT

In accordance with the Paperwork Reduction Act, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 1610-0001. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.