



FORMAL DISCRIMINATION COMPLAINT

*Please read the information on Page 2 before completing this form.

Estimated burden per response to comply with this voluntary collection request: XX hour. NRC requires this information to process allegations of discrimination. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-XXXX), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: oir_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

Full Name of Complainant		Home Telephone Number	Work Telephone Number
<input type="text"/>		<input type="text"/>	<input type="text"/>

Home Address (Number, Street, City, State and Zip Code)	E-mail Address
<input type="text"/>	<input type="text"/>

Are you a bargaining unit employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Title of Current Position	Office/Division/Branch	Series and Grade
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of NRC Office(s) You Believe Discriminated Against You	Name of Involved Management Official with Position Title
<input type="text"/>	<input type="text"/>

Date On Which Most Recent Alleged Discrimination Occurred	Name of any witnesses with first hand knowledge of the alleged discrimination
<input type="text"/>	<input type="text"/>

PLEASE COMPLETE THIS SECTION IF YOU HAVE A REPRESENTATIVE

Name of Representative	E-mail Address	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (Number, Street, City, State and Zip Code)
<input type="text"/>

PLEASE COMPLETE THIS SECTION IF YOU WORK FOR ANOTHER FEDERAL AGENCY (OTHER THAN NRC)

Name of Agency Where Currently Employed
<input type="text"/>

Address (Number, Street, City, State and Zip Code)
<input type="text"/>

I HAVE FILED A UNION NEGOTIATED GRIEVANCE ON THE ALLEGATION(S) IDENTIFIED HEREIN.

I HAVE FILED A MERIT SYSTEMS PROTECTION BOARD APPEAL ON THE ALLEGATION(S) IDENTIFIED HEREIN.

Date Filed (mm/dd/yyyy)	Current Status:
<input type="text"/>	<input type="text"/>

PLEASE CHECK THE BASIS(ES) AND FILL IN THE DATE(S), FOR YOUR COMPLAINT

<input type="checkbox"/> Race (Specify)	<input type="text"/>	<input type="checkbox"/> Disability Mental <input type="checkbox"/> Physical <input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Religion (Specify)	<input type="text"/>		
<input type="checkbox"/> National Origin (Specify)	<input type="text"/>	<input type="checkbox"/> Reprisal/Retaliation Prior EEO Activity <input type="checkbox"/> Opposing policies/practices made unlawful <input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Sex (including gender identity, sexual orientation and pregnancy)	<input type="text"/>		
<input type="checkbox"/> Color (Specify)	<input type="text"/>	<input type="checkbox"/> Genetic Information (Specify)	<input type="text"/>
<input type="checkbox"/> Age (40+)(Specify)	<input type="text"/>		
<input type="checkbox"/> Equal Pay (Specify)	<input type="text"/>	<input type="checkbox"/> Other (Including marital status, parental status, political affiliation, military service)	<input type="text"/>

FORMAL DISCRIMINATION COMPLAINT (Continued)

Reprisal (continued) (In the box below, identify earlier event(s) and/or opposed practice(s) - include dates)

PLEASE CHECK THE ISSUE(S) OF YOUR COMPLAINT.

<input type="checkbox"/> Failure to Hire		<input type="checkbox"/> Pay/Including Overtime (Denial WIGI)	
<input type="checkbox"/> Assignment of Duties		<input type="checkbox"/> Promotion/Non-Selection	
<input type="checkbox"/> Awards		<input type="checkbox"/> Reassignment (Denied/ Direct Reassignment)	
<input type="checkbox"/> Conversion to Full Time		<input type="checkbox"/> Reasonable Accommodation	
<input type="checkbox"/> Disciplinary Action (Specify)		<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Duty Hours		<input type="checkbox"/> Retirement (Including Constructive Discharge)	
<input type="checkbox"/> Evaluation/Appraisal-PIRM		<input type="checkbox"/> Sex - Stereotyping	
<input type="checkbox"/> Examination/Test		<input type="checkbox"/> Termination	
<input type="checkbox"/> Harassment Sexual <input type="checkbox"/> Non-Sexual <input type="checkbox"/>		<input type="checkbox"/> Terms/Conditions Employment	
		<input type="checkbox"/> Time and Attendance	
<input type="checkbox"/> Medical Examination		<input type="checkbox"/> Training	
<input type="checkbox"/> Other (Specify in box on right)			

State specifically how you were treated differently from other employees or applicants because of the basis(es) you identified above. What harm, if any, were you subjected to in your work situation as a result of that action. (See Notice of Right to File a Formal Discrimination Complaint [NRTF]) (Please attach additional pages to this form if needed).

Briefly state the relief you are seeking

I PURSUED THE ALLEGATION(S) IDENTIFIED HEREIN THROUGH THE EEO COUNSELING / ADR PROCESS.

Name of EEO Counselor/ADR Representative	Date of Initial Contact (mm/dd/yyyy)	Date NRTF Issued (mm/dd/yyyy)

SIGNATURE

Signature and Date - Complainant or Attorney Representative

FORMAL DISCRIMINATION COMPLAINT (Continued)

FILING A FORMAL DISCRIMINATION COMPLAINT

Read these following instructions carefully before you complete this form. Please complete all items on the NRC Form 646 complaint form.

GENERAL: Pursuant to the Equal Employment Opportunity Commission (EEOC) Title 29 Code of Federal Regulations (29 C.F.R.) §1614, NRC Form 646, Formal Discrimination Complaint, may be used by NRC employees, former employees and applicants for employment who file a formal Equal Employment Opportunity (EEO) complaint of discrimination. This regulation prohibits discrimination based on race, color, religion, sex (including sexual orientation, gender identity and expressions, and pregnancy), national origin, age (40 years and over), physical or mental disability, genetic information (including family medical history), marital status, parental status, political affiliation, military service, and/or reprisal for participating in the EEO process or opposing unlawful discrimination.

You can obtain assistance from your EEO Counselor in filling out this form. Your EEO Counselor may also answer any questions you may have about this form. Under the "Basis" section, you should specify the basis of your complaint: race, color, religion, sex (including sexual orientation, gender identity and expressions, and pregnancy), national origin, age (month/year of birth), physical or mental disability (specific information about your disability), genetic information (including family medical history), marital status, parental status, political affiliation, military service, and/or reprisal for participating in the EEO process or opposing unlawful discrimination. If you list "Reprisal," please state the nature of the prior EEO activity in which you were engaged, i.e. did you file a prior EEO complaint? Use an additional sheet of paper, if necessary.

It is very important that you be precise as to the dates of all actions or events you are protesting. In addition, the claims listed under the "Issues" section, must be limited to those claims discussed with the EEO Counselor (discussed within 45 calendar days of occurrence of the event, or within 45 calendar days of the effective date, if a personnel action) or like or related claims. If any of the claims listed under the "Issue" section were discussed with the EEO Counselor, but not within 45 calendar days of their occurrence or of their effective date, you must explain why you waited more than 45 calendar days. If any of the claims listed under the "Issues" section were not discussed with the EEO Counselor, please contact the Office of Small Business and Civil Rights (SBCR), Civil Rights Program Manager and/or designee **IMMEDIATELY**. The requirement that you contact the EEO Counselor about every claim listed under the "Issues" section will not be waived under any circumstances. Failure to do so will only delay the processing of your complaint.

It is your responsibility to keep the Office of Small Business and Civil Right (SBCR) well informed of your current address. If you move, immediately advise SBCR of your new address. In addition, you will receive all correspondence and communications in connection with your complaint by email or electronic submission through Entellitrak.

REPRESENTATION: You may have a representative of your own choosing at all stages of the processing of your complaint. No EEO Counselor, EEO Investigator or SBCR staff member may serve as a representative. (Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)

WHEN TO FILE: Your formal complaint must be filed within fifteen (15) calendar days of the date you received the "Notice of Right to File a Formal Discrimination Complaint" (NRTF) from your EEO Counselor. If you do not meet this time limit, you must explain why you waited more than fifteen (15) calendar days to file. These time limits may be extended under certain circumstances; however, they will NOT be waived and your complaint will **NOT** be investigated unless you explain your untimeliness and the explanation is acceptable in accordance with EEOC, 29 C.F.R. §1614(c).

WHERE TO FILE: The formal complaint must be signed and filed with NRC's Director, Office of Small Business and Civil Rights (SBCR), by email or electronic submission through Entellitrak. Your complaint is deemed filed on the date received by SBCR. If you fail to meet the fifteen (15) calendar day timeframe for filing your complaint, please include a written explanation with your complaint.

FORMAL DISCRIMINATION COMPLAINT (Continued)

PRIVACY ACT STATEMENT
NRC FORM 646, FORMAL DISCRIMINATION COMPLAINT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission (NRC) on NRC Form 646. This information is maintained in a system of records designated as EEOC/GOVT-1 Equal Employment Opportunity in the Federal Government Complaint and Appeal Records described at 71 *Federal Register* 24704 (April 26, 2006).

- 1. AUTHORITY:** 42 U.S.C. 2000e-16(b) and (c); 29 U.S.C. 204(f) and 206(d); 29 U.S.C. 633(a); 29 U.S.C. 791; Reorg. Plan No. 1 of 1978, 43 FR 19,607 (May 9, 1978); Exec. Order No. 12106, 44 FR 1053 (Jan. 3, 1979).
- 2. PRINCIPAL PURPOSE(S):** Formal filing of complaint of discrimination based on race, color, national origin, religion, sex (including gender identity, sexual orientation and pregnancy), age, disability, or reprisal.
- 3. ROUTINE USE(S):** In addition to the other types of disclosures permitted under subsection of the Privacy Act, information from this system of records may be disclosed;
 - a. To disclose pertinent information to the appropriate federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order, where the disclosing agency becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
 - b. To disclose information to another federal agency, to a court, or to a party in litigation before a court or in an administrative proceeding being conducted by a federal agency when the government is a party to the judicial or administrative proceeding.
 - c. To provide information to a congressional office from the record of an individual in response to an inquiry from that congressional office made at the request of that individual.
 - d. To disclose to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.
 - e. To disclose, in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding.
 - f. To disclose information to officials of state or local bar associations or disciplinary boards or committees when they are investigating complaints against attorneys in connection with their representation of a party before EEOC.
 - g. To disclose to a Federal agency in the executive, legislative, or judicial branch of government, in response to its request information in connection with the hiring of an employee, the issuance of a security clearance, the conducting of a security or suitability investigation of an individual, the classifying of jobs, or the lawful statutory, administrative, or investigative purpose of the agency to the extent that the information is relevant and necessary to the requesting agency's decision.
 - h. To disclose information to employees of contractors engaged by an agency to carry out the agency's responsibilities under 29 CFR part 1614.
 - i. To disclose information to potential witnesses as appropriate and necessary to perform the agency's functions under 29 CFR part 1614. For additional details on these routine uses, please see the [EEOC/GOVT-1 system notice](#).

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: It is voluntary that you furnish the requested information; however, failure to complete all appropriate portions of the form may lead to a delay in processing your complaint because of insufficient data on which to determine if complaint is acceptable.

5. SYSTEM MANAGER(S) AND ADDRESS: Senior Level Assistant for Policy and Programs, Office of Small Business and Civil, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555-0001.