



**Federal Communications Commission
Office of Workplace Diversity**

Approved by
OMB 3060-1237
Estimated Time Per
Response: 3.51 Hours

INITIAL CONTACT and/or COUNSELING SESSION for INFORMAL COMPLAINT of DISCRIMINATION

1. NAME (Last, First, Middle Initial)			2. ARE YOU A(N): <input type="checkbox"/> Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Applicant		
3a. HOME PHONE NO.	3b. WORK PHONE NO.	3c. MOBILE PHONE NO.	3d. ADDRESS (Include City, State, and Zip Code)		
3e. PRIMARY EMAIL			3f. SECONDARY EMAIL		
4. ADDRESS OF YOUR CURRENT POSITION			5. TITLE AND GRADE OF YOUR CURRENT POSITION		
6a. NAME OF INDIVIDUAL(S) YOU BELIEVE DISCRIMINATED AGAINST YOU			6b. DATE ON WHICH MOST RECENT ALLEGED DISCRIMINATION OCCURRED _____		
6c. SPECIFY BUREAU/OFFICE/DIVISION OF INDIVIDUAL(S) NAMED IN 6a.					

7. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check Below).	
<input type="checkbox"/> a. RACE (State your Race) _____	f. AGE <input type="checkbox"/> (Specify your Age) ____
<input type="checkbox"/> b. COLOR (State your Color) _____	g. DISABILITY <input type="checkbox"/> Mental <input type="checkbox"/> Physical
<input type="checkbox"/> c. RELIGION (State your Religion) _____	h. GENETIC INFORMATION: <input type="checkbox"/> Genetic Testing <input type="checkbox"/> Family Medical History <input type="checkbox"/> Genetic Services
<input type="checkbox"/> d. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Orientation <input type="checkbox"/> Gender Identity	i. REPRISAL <input type="checkbox"/>
<input type="checkbox"/> e. NATIONAL ORIGIN (State your National Origin) _____	

8. ISSUES IN THE COMPLAINT (CHECK APPROPRIATE BOX/BOXES)			
<input type="checkbox"/> Accommodation (Medical) <input type="checkbox"/> Accommodation (Religious) <input type="checkbox"/> Assignment of Duties <input type="checkbox"/> Awards <input type="checkbox"/> Demotion <input type="checkbox"/> Detail <input type="checkbox"/> Disciplinary Warnings	<input type="checkbox"/> Duty Hours <input type="checkbox"/> Evaluation/Appraisal <input type="checkbox"/> Harassment <input type="checkbox"/> Non-selection <input type="checkbox"/> Reassignment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Removal	<input type="checkbox"/> Reprimand <input type="checkbox"/> Retirement <input type="checkbox"/> Suspension <input type="checkbox"/> Telework <input type="checkbox"/> Termination <input type="checkbox"/> Terms/Conditions of Employment <input type="checkbox"/> Training	<input type="checkbox"/> Other _____

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9. EXPLAIN SPECIFICALLY HOW YOU WERE DISCRIMINATED AGAINST (Explain how you were treated differently from other employees, former employees or applicants, because of your race, color, religion, sex, national origin, age, mental or physical handicap, genetic information, or reprisal.) (If your complaint involves more than one basis for your dissatisfaction, list and number each such allegation separately and furnish specific, factual information in support of each allegation.) Use additional sheets if necessary.

10. WHAT SPECIFIC ACTION DO YOU WANT TAKEN TO RESOLVE YOUR COMPLAINT? (If more than one allegation is being made, state overall corrective action desired and the specific corrective action desired for each separate allegation.)

11. THE EEO COUNSELOR DISCUSSED THE FOLLOWING SUBJECT AREAS IN THE COMPLAINT PROCESS AND/OR ALTERNATE DISPUTE RESOLUTION (ADR) PROGRAM WITH THE EMPLOYEE/FORMER EMPLOYEE/APPLICANT AND/OR HANDOUTS WERE PROVIDED.

- | | |
|---|--|
| <input type="checkbox"/> a. The Role of the EEO Counselor
<input type="checkbox"/> b. The Individual or Class Complaint Process
<input type="checkbox"/> c. The Basis(es) to File a Complaint (Informal/Formal/Class)
<input type="checkbox"/> d. The Right to File a Complaint
<input type="checkbox"/> e. Avenues of Redress
<input type="checkbox"/> f. Rights and Responsibilities | <input type="checkbox"/> g. 45-Day Requirement to Contact EEO Counselor
<input type="checkbox"/> h. Notify EEO Office of Attorney/Non-Attorney Representative
<input type="checkbox"/> i. Formal Stage Requirement of Attorney to Submit Billing Data
<input type="checkbox"/> j. Witness(es) Rights
<input type="checkbox"/> k. ADR Program
<input type="checkbox"/> l. Informal Complaint Process |
|---|--|

12. THE EMPLOYEE/FORMER EMPLOYEE/APPLICANT ELECTS THE FOLLOWING OUTCOME:

- a. Traditional Counseling Yes No
- b. ADR Yes No
- c. Declined to Pursue Matter Under Title VII Yes No
- d. Remain Anonymous Yes No

13. SIGNATURE OF EMPLOYEE/FORMER EMPLOYEE/APPLICANT		14. DATE OF THIS COUNSELING SESSION (Month, Day, Year)
DATE OF COUNSELING SESSION	NAME OF EEO COUNSELOR	SIGNATURE OF EEO COUNSELOR

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3.51 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1237), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1237.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995,
P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507**

PRIVACY ACT STATEMENT:

1. Authority: 42 U.S.C. § 2000e-16; 29 CFR § 1614 et seq; 47 CFR § 0.81.

2. Purpose: These records are maintained for the purpose of counseling, investigating and adjudicating complaints of employment discrimination brought by applicants and current and former federal employees against federal employers.

3. Routine Uses: Information contained in this form is available to other individuals when necessary and appropriate under 5 U.S.C. § 552a(b) of the Privacy Act, including: 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; 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; 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; 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; 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; 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; 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; to employees of contractors engaged by an agency to carry out the agency's responsibilities under 29 CFR part 1614; to potential witnesses as appropriate and necessary to perform the agency's functions under 29 CFR part 1614; to facilitate statistical research, audit or investigative matters; and, to appropriate agencies, entities, and persons when the FCC suspects or has confirmed that there has been a breach of information related to OWD.

4. Disclosure: Submission of this information is voluntary; however, failure to furnish this information will result in the return of the complaint without action.