

U.S. Office of Special Counsel Complaint & Disclosure Form

Navigation Bar

Complaint Type

The U.S. Office of Special Counsel (OSC) is an independent federal investigative and prosecutorial agency. Our basic authorities come from four federal statutes: the Civil Service Reform Act, the Whistleblower Protection Act, the Hatch Act, and the Uniformed Services Employment & Reemployment Rights Act (USERRA). For more information on OSC, please visit our website at www.osc.gov.

OSC requires that you use this form in order to submit a complaint alleging a prohibited personnel practice or other prohibited activity within OSC's jurisdiction. OSC encourages, but does not require, you to use this form to submit a complaint alleging a Hatch Act violation or to submit a disclosure of information alleging agency wrongdoing. OSC cannot process incomplete forms lacking necessary information.
Please use this form to file a complaint or disclosure by selecting each box that applies below:
1. I want to file a complaint about a prohibited personnel practice, such as retaliation, discrimination, or illegal hiring decisions.
2. I want to make a disclosure about gross mismanagement or waste, a violation of law, rule or regulation, abuse of authority, a danger(s) to public health or safety, or censorship related to scientific research.
Note: Do NOT select this box to report prohibited personnel practices, such as retaliation, discrimination, or illegal hiring decisions. If you are filing to correct a specific employment action, consider selecting 1, above. Do NOT select this box to report a Hatch Act violation. If you are filing to report a Hatch Act violation, select 3, below.
☐ 3. I want to file a complaint about improper political activity (under the Hatch Act).
I want to file a <u>USERRA complaint</u> about discrimination or reemployment as a member of the uniformed services.
Note: If you click the link above, you will be immediately redirected to the website of the Department of Labor to complete a USERRA complaint form.
Next

OSC Form-14 OMB No. 3255-0005



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■ Add / Delete a Complaint	PART 1: IMPORTANT INFORMATION ABOUT FILING A COMPLAINT				
Improper Political Activities (Hatch Act)	INSTRUCTIONS FOR FILING A HATCH ACT COMPLAINT WITH THE U.S. OFFICE OF SPECIAL COUNSEL (OSC)				
About Filing a Complaint		This form should be used to file complaints alleging violations of the Hatch Act. In			
Biographical Information	order for us to best understand your allegations, we encourage you to fill in all the fields that you can. However, only those fields marked with an asterisk are required.				
Information about Subject		ield, your complaint cannot be processed. When be as specific as you can, provide as much detail as			
Alleged Violation		all supporting documentation with your complaint filing.			
Other Actions	Prior to submitting your complaint to OSC, we recommend you review the information				
Attachments	located on our <u>website</u> . If you have any questions about this form, you may phone the Hatch Act Hotline at (202) 804-7002.				
Consent					
Certification	PART 2: BIOGRAPHICAL INFORMATION				
Submission	* Denotes Required Fields				
	1. Complainant Information:				
	Title				
	First Name	Middle Initial			
	Last Name				
	2. Contact Information:				
	Address Location Dome	stic International			
	Address Line 1				
	Address Line 2				
	City	State			
	Zip Code				
	Cell Phone Number	_			
	Office Phone Number	Ext.			
	Home Phone Number				
	Email Address				
	Preferred means of contact:	:			
	email home phone				
	Please do not contact m				
	International Address	•			



Navination Bon				
Navigation Bar		Cell Phone Number		
■ Add / Delete a Complaint Improper Political Activities		Office Phone Number	Ext.	
(Hatch Act)		Home Phone Number		
About Filing a Complaint		Email Address		
Biographical Information		Preferred means of contact:		
Information about Subject		email home phone cell phone	office phone	
Alleged Violation		Please do not contact me on my office phor	ne	
Other Actions	3.	Do you have representation? Yes No	1	
Attachments		Title		
Consent		First Name	/liddle Initial	
Certification		Last Name		
Submission		Address Location Domestic Internation	al	
		Address Line 1		
		Address Line 2		
		City	State	~
		Zip Code		
		Cell Phone Number		
		Office Phone Number	Ext.	
		Home Phone Number		
		Email Address		
		Preferred means of contact:		<u> </u>
		email home phone cell phone	office phone	
		Please do not contact me on my office p	hone	
		International Address		
		Cell Phone Number		
		Office Phone Number	Ext.	
		Home Phone Number		
		Email Address		
		Preferred means of contact:		
		email home phone cell phone	office phone	



Navigation Bar	A Are you referring this	complaint on beha	alf of a government agency?	
◆ Add / Delete a Complaint	4. Are you referring this complaint on behalf of a government agency?☐ Yes ☐ No			
Improper Political Activities (Hatch Act)	Agency:			
About Filing a Complaint	Your Position Title:			
Biographical Information	PART 3: INFORMATION ABOUT THE INDIVIDUAL WHO			
Information about Subject	ALLEGEDLY VIOLATED THE HATCH ACT (Subject)			
Alleged Violation	* Denotes Required Fields			
Other Actions	Subject's Employment Status:*			
Attachments	Federal government			
Consent	State or Local gover	nment employee		
Certification	☐ Private, Nonprofit orç	ganization employe	ee	
Submission	Title:			
	Subject's First Name:*		Subject's Middle Initial:	
	Subject's Last Name:*			
	Employer:*			
	Department name:*		•	
	Agency:*			
	Position Title:			
	Subject's Address*	Domestic Inter	national	
	Address Line 1*			
	Address Line 2			
	City*		State*	
	Zip Code*			
	Office Telephone:		Ext	
	Home Telephone: Other Telephone:			
	Email Address:			
	International Address*			



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■ Add / Delete a Complaint	Office Telephone:	Ext.			
Improper Political Activities	Home Telephone: Other Telephone:				
(Hatch Act)	Email Address:				
About Filing a Complaint	Does the Subject have knowledge of the Hatch Act?:*				
Biographical Information	Yes No Unsure				
Information about Subject	If yes, please explain why you believe the S	Subject knows about the Hatch Act (for			
Alleged Violation	example: agency training, agency distribution of brochures, flyers, e-mails, prior				
Other Actions	contact with OSC):				
Attachments					
Consent					
Certification	SUBJECT'S SUPERVI	SOR'S INFORMATION			
Submission	Subject's Supervisor's First Name:				
	Subject's Supervisor's Last Name:				
	Subject's Supervisor's Middle Initial:				
	Subject's Supervisor's Title:				
	Office Telephone:	Ext			
	Other Telephone: Fax:				
	Email Address:				
	FEDERAL FUNDII	NG INFORMATION			
	1. Does the Subject's employer receive any	y federal funds?: Yes No			
	2. Is the Subject's salary paid entirely with	federal funds?:			
	3. Does the Subject perform any duties in of federally funded activity?:	connection with a Yes No			
	If you answered "No" to both Questions 2 at your complaint. If you answered "Yes" to eit information requested below in as much de	ther Question 2 or 3, please provide the			
	Please describe the duties the Subject produced activity and attach/enclose any scomplaint filing:				



Navigation Bar Add / Delete a Complaint Improper Political Activities (Hatch Act) About Filing a Complaint Biographical Information Information about Subject Alleged Violation	 b. Please describe the federal funding with which the Subject has a connection and attach/enclose any supporting documentation with your complaint filing: The following questions are provided to assist you in describing the nature and source of the federal funds at issue: -What is the name of the federal agency that awarded, distributed, or administered the funds in question? -What is the name and/or number of the federal grant or loan? -What is the purpose of the federal funding? (i.e., how are the funds used?)
Other Actions Attachments Consent Certification	c. Please provide the name and contact information for an individual who has knowledge about the federal fund(s) at issue and whom OSC may contact: Name: Agency:
Submission	Position Title: Office Telephone: Email Address: PART 4: ALLEGED VIOLATION * Denotes Required Fields
	1. For complaints involving a Subject employed by the federal government, which of the following actions are you alleging?* Using one's official authority or influence for the purpose of interfering with or affecting the result of an election. Soliciting, accepting, or receiving political contributions. Being a candidate in a partisan election. Soliciting or discouraging the participation in political activity of any person who has business before their employing agency. Engaging in political activity while on duty, in any room or building occupied in the discharge of official duties, while wearing a uniform or official insignia, or while using a vehicle owned or leased by the United States government. Taking an active part in political management or political campaigns (This prohibition applies only to further restricted employees. A list of such employees can be found here or at 5 U.S.C. § 7323(b)).



Navigation Bar	1. For complaints involving a Subject employed by a state, local, D.C., or nonprofit					
■ Add / Delete a Complaint	agency, which of the following actions are you alleging?*					
Improper Political Activities (Hatch Act)	 Using one's official authority or influence for the purpose of interfering with or affecting the result of an election. 					
About Filing a Complaint	 Coercing, attempting to coerce, commanding, or advising a state or local officer or employee to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes. Being a candidate in a partisan election. 					
Biographical Information						
Information about Subject						
Alleged Violation	2. Please provide a detailed description of the alleged violation(s) and attach/enclose					
Other Actions	any supporting documentation with your complaint filing. To process your complaint, you must provide as much detailed information as possible. Without sufficient					
Attachments	information, we may be unable to investigate your allegation(s).*					
Consent	A detailed description should include:					
Certification	a. What the Subject did that allegedly violated the Hatch Act; b. Where the alleged violation(s) occurred;					
Submission	c. When the alleged violation(s) took place; and					
Odbiniosion	 d. Who else has knowledge that the alleged violation(s) occurred and their relationship to the Subject. 					
	For instance, a complaint alleging that the Subject is a candidate in a partisan election for public office should include: the name of the office which the Subject seeks (for example, Council of the District of Columbia or Mayor of Baltimore, Maryland); the dat of the election; the type of election (primary, special, or general); and how the election is partisan (for example: candidates are running with political party affiliation). Please note that the Hatch Act does not prohibit candidacy in a nonpartisan election.					
	PART 5: ATTACHMENTS TO YOUR COMPLAINT					
	☐ I would like to attach documents to my complaint.					
	Please attach documents and/or evidence that support your allegations. Note that the space available for attachments is limited, and you will have an opportunity to make additional submissions at a later date. To see the attachments that have been successfully added to your form, click on the paperclip icon in the dark gray panel on the far left side of your screen. Please note that, if you print a copy of your form, the attachments will not print with it. However, any documents that appear in the paperclip panel will be transmitted to OSC.					



Navigation Bar	PART 6: OTHER ACTIONS YOU ARE TAKING				
■ Add / Delete a Complaint Improper Political Activities (Hatch Act)	Please indicate in this section if you have reported your matter through other agencies or organizations. If so, please identify the agency or organization to which you reported the matter and provide the current status. If you have received responses regarding your matter, briefly summarize what results were communicated to you and provide our office with copies of any correspondence.				
About Filing a Complaint					
Biographical Information					
Information about Subject					
Alleged Violation					
Other Actions	PART 7: CONSENT TO DISCLOSURE OF INFORMATION				
Attachments	* Denotes Required Fields				
Consent	Do you consent to the disclosure of your identity to others outside OSC if it becomes necessary in taking further action on this matter?*				
Certification					
Submission	I consent to the disclosure of my identity on a need-to-know basis.				
	I do not consent to the disclosure of my identity. (I understand my lack of consent may prevent OSC from taking further action on my complaint. Even if I do not consent, OSC may disclose my identity if required by law.) Next				



For instructions or questions, call the Case Review Division at (202) 804-7000.

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■ Add / Delete a Complaint

Prohibited Personnel Practices (PPP)

About Filing a Complaint

Select your PPPs

Biographical Information

Your Complaint

Retaliation for Whistleblowing

Retaliation for Protected Activity

Obstruct Competition

Give Unauthorized Preference

Encourage Withdrawal from Competition

Nepotism

Improper Political Recommendation

Violate Veterans' Preference

Discrimination for Non-Job-Related Conduct

Other Bases of Discrimination

Improper Personnel Actions

Non-Disclosure Agreement

Improper Accessing of Medical Records

Coerce Political Activity

Other

Attachments

Consent

Certification

Submission

PART 1: IMPORTANT INFORMATION ABOUT FILING A COMPLAINT

Required Complaint Form. Complaints alleging a prohibited personnel practice or a prohibited activity must be submitted on this form, either by e-filing or by mail. Information not submitted on or accompanied by this form may be returned by OSC to the filer. The complaint will be considered filed on the date on which OSC receives the completed form. 5 C.F.R. § 1800.1, as amended.

No OSC Jurisdiction. OSC cannot take any action on complaints filed by employees of

- the FBI, CIA, DIA, NSA, National Geospatial-Intelligence Agency, ODNI, National Reconnaissance Office or other intelligence agencies excluded from coverage by the President;
- the Government Accountability Office;
- · the Postal Rate Commission; and
- the uniformed services of the United States (*i.e.*, uniformed military employees). OSC does have jurisdiction over civilian employees of the armed forces.

<u>Limited OSC Jurisdiction.</u> For employees of some federal agencies or entities, OSC's jurisdiction is limited to certain types of complaints, as follows –

- FAA employees only for allegations of retaliation for whistleblowing under <u>5 U.S.C. § 2302(b)(8)</u> and most allegations of retaliation for engaging in protected activities under <u>5 U.S.C. § 2302(b)(9)</u>.
- employees of government corporations listed at <u>31 U.S.C. § 9101</u> only for allegations of retaliation for whistleblowing under <u>5 U.S.C. § 2302(b)(8)</u> and most allegations of retaliation for engaging in protected activities under <u>5 U.S.C. § 2302 (b)(9)</u>.
- U.S. Postal Service employees only for allegations of nepotism.
- TSA employees only for allegations of discrimination under § 2302(b)(1), retaliation for whistleblowing under 5 U.S.C. § 2302(b)(8), and most allegations of retaliation for engaging in protected activities under 5 U.S.C. § 2302(b)(9).

Election of Remedies. You may choose only one of three possible methods to pursue your prohibited personnel practice complaint: (a) a complaint to OSC; (b) an appeal to the Merit Systems Protection Board (MSPB) (if the action is appealable under law or regulation); or (c) a grievance under a collective bargaining agreement. If you have already filed an appeal about your prohibited personnel practice allegations with the MSPB, or a grievance about those allegations under the collective bargaining agreement (if the action is grievable under the agreement), OSC may lack jurisdiction over your complaint.5 U.S.C. § 7121(g).



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■ Add / Delete a Complaint

Prohibited Personnel Practices (PPP)

About Filing a Complaint

Select your PPPs

Biographical Information

Your Complaint

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Complaints Involving Discrimination.

- Race, Color, Religion, Sex, National Origin, Age, and Disability (or Handicapping Condition): OSC is authorized to investigate discrimination based upon race, color, religion, sex, national origin, age, or disability (or handicapping condition), as well as retaliation related to EEO activity. 5 U.S.C. § 2302(b)(1). However, OSC generally defers such allegations to agency procedures established under regulations issued by the Equal Employment Opportunity Commission (EEOC). 5 C.F.R. § 1810.1. If you wish to report allegations of discrimination based on these bases, you should contact your agency's EEO office immediately. There are specific time limits for filing such complaints. Filing a complaint with OSC will not relieve you of the obligation to file a complaint with the agency's EEO office within the time prescribed by EEOC regulations (at 29 C.F.R. Part 1614).
- Marital Status and Political Affiliation: OSC is authorized to investigate discrimination based on marital status or political affiliation. <u>5 U.S.C. § 2302(b)(1)</u>.
- <u>Sexual Orientation and Gender Identity:</u> OSC is authorized to investigate discrimination based on sexual orientation and gender identity.
 <u>5 U.S.C. §§ 2302(b)(1)</u> and (b)(10). EEOC also may have jurisdiction over complaints of discrimination on these bases.

Complaints Involving Veterans Rights. By law, all complaints alleging denial of veterans' preference requirements or USERRA must be filed with the Veterans Employment and Training Service (VETS) at the Department of Labor (DOL). 38 U.S.C. § 4301, et seq., and 5 U.S.C. § 3330a(a).



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Navigation Bar PART 2: SELECT YOUR PPPs ■ Add / Delete a Complaint **Prohibited Personnel** Please check ALL that apply (you MUST check one option). A customized series of Practices (PPP) questions will appear following the "Biographical Information" section, below, based on your selections. You can return to this part at any time prior to submitting your About Filing a Complaint complaint if you would like to add or remove allegations. Select your PPPs **RETALIATION CLAIMS** Biographical Information Retaliation for Whistleblowing Your Complaint Retaliation for reporting a violation of law, rule, or regulation; gross mismanagement; gross waste of funds; abuse of authority; a substantial and specific danger to public Retaliation for health or safety; or censorship related to scientific research. Whistleblowing Retaliation for Protected Activity Retaliation for Protected Retaliation for filing a complaint or grievance; assisting another with a complaint or Activity grievance; cooperating with an OSC, OIG, or internal investigation; or refusing to **Obstruct Competition** obey an illegal order. Give Unauthorized **ILLEGAL SELECTION PRACTICE CLAIMS** Preference **Obstruct Competition Encourage Withdrawal from** Competition Intentionally deceive or obstruct anyone from competing for federal employment. Give Unauthorized Preference Nepotism Give an unauthorized preference or advantage, including defining the manner or Improper Political scope of competition, to improve or injure the employment prospects of any person. Recommendation **Encourage Withdrawal from Competition** Violate Veterans' Preference Influence or encourage anyone to withdraw from competition to improve or injure the employment prospects of any person. Discrimination for Non-Job-Related Conduct Nepotism Involvement in the appointment, promotion, or advancement of a relative, or Other Bases of Discrimination advocacy on behalf of a relative. Improper Political Recommendation Improper Personnel Actions Request or consider a recommendation based on political connections or influence Non-Disclosure Agreement rather than one based on personal knowledge of a person's ability to perform a job. Improper Accessing of Violate Veterans' Preference Medical Records Take or fail to take, recommend, or approve a personnel action if doing so would Coerce Political Activity violate a veterans' preference requirement. This type of complaint must be filed with the Department of Labor. Please click here to go to that site. Other Attachments **DISCRIMINATION CLAIMS** Discrimination for Non-Job-Related Conduct Consent Discrimination for conduct that does not adversely affect job performance, including Certification claims of sexual orientation or gender identity discrimination. Submission Other Bases of Discrimination OSC examines claims of discrimination based on marital status and political affiliation. OSC does NOT ordinarily investigate claims of discrimination based on race, color, religion, sex, national origin, age, and handicapping condition. These claims are typically better filed with an agency's EEO office.



Navigation Bar		
■ Add / Delete a Complaint	OT	HER CLAIMS
Prohibited Personnel	Ш	Improper Personnel Actions Take or fail to take a personnel action if doing so would violate any law, rule, or
Practices (PPP)		regulation implementing or directly concerning a merit system principle.
About Filing a Complaint		Non-Disclosure Agreement
Select your PPPs		Implement or enforce a non-disclosure agreement or policy that lacks notification of whistleblower rights.
Biographical Information		Improper Accessing of Medical Records
Your Complaint		Accessing the medical records of another employee or applicant for employment
Retaliation for Whistleblowing		as a part of, or otherwise in furtherance of, the commission of a prohibited personnel practice.
Retaliation for Protected Activity		Coerce Political Activity Coerce a person to engage in political activity, to include providing a political
Obstruct Competition		contribution or service, or take action against a person for doing so.
Give Unauthorized Preference		Other Please use this area to describe employment problems that do not fall into one of
Encourage Withdrawal from Competition		the categories listed above.
Nepotism		
Improper Political Recommendation		
Violate Veterans' Preference		
Discrimination for Non-Job-Related Conduct		
Other Bases of Discrimination		
Improper Personnel Actions		
Non-Disclosure Agreement		
Improper Accessing of Medical Records		
Coerce Political Activity		
Other		
Attachments		
Consent		
Certification		
Submission		



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Navigation Bar PART 3: BIOGRAPHICAL INFORMATION ■ Add / Delete a Complaint * Denotes Required Fields Prohibited Personnel Practices (PPP) 1. Complainant Information: About Filing a Complaint Title Select your PPPs First Name* Middle Initial Biographical Information Last Name* Your Complaint 2. Contact Information: Retaliation for Address Location* Domestic International Whistleblowing Retaliation for Protected Address Line 1* Activity Address Line 2 **Obstruct Competition** City* Give Unauthorized Preference Zip Code* *At least **ONE** phone number **OR** email address is required. Encourage Withdrawal from Competition Cell Phone Number Nepotism Office Phone Number Improper Political Recommendation Home Phone Number Violate Veterans' Email Address Preference Preferred means of contact: Discrimination for email home phone cell phone office phone Non-Job-Related Conduct Other Bases of Please do not contact me on my office phone Discrimination International Address* Improper Personnel Actions Non-Disclosure Agreement *At least **ONE** phone number **OR** email address is required. Improper Accessing of Cell Phone Number Medical Records Office Phone Number Coerce Political Activity Home Phone Number Other Email Address Attachments Consent Preferred means of contact: Certification email home phone cell phone office phone Please do not contact me on my office phone Submission



Navigation Bar ■ Add / Delete a Complaint	3. Do	o you have representation?	Yes No)	
Prohibited Personnel	Ti	tle			
Practices (PPP)	Fi	rst Name*	N	Middle Initial	
About Filing a Complaint	La	ast Name*			
Select your PPPs	Ad	ddress Location* 🔲 Domes	tic Internation	nal	
Biographical Information	Ad	ddress Line 1*			
Your Complaint	Ad	ddress Line 2			
Retaliation for Whistleblowing		ity*		State*	v
Retaliation for Protected Activity	1	p Code* 	_ OR email addres	s is required.	
Obstruct Competition	Ce	ell Phone Number			
Give Unauthorized	Ot	ffice Phone Number		Ext.	
Preference		ome Phone Number			
Encourage Withdrawal from Competition	Er	mail Address		_	
Nepotism	Pr	referred means of contact:			
Improper Political Recommendation	In	email home phone ternational Address*	cell phone c	office phone	
Violate Veterans' Preference		itemational Address			
Discrimination for Non-Job-Related Conduct		at least ONE phone number ell Phone Number	OR email addres	s is required.	
Other Bases of Discrimination		ffice Phone Number		Ext.	
Improper Personnel Actions	Н	ome Phone Number		<u></u>	
Non-Disclosure Agreement	Er	mail Address			
Improper Accessing of Medical Records		referred means of contact:		_	
Coerce Political Activity		email home phone	cell phone	office phone	
Other	4. Co	omplainant's employment st			
Attachments		Current Federal Employee			
Consent		Former Federal Employee			
Certification	<u> </u>	Applicant For Federal Em	-		
Submission		Non-Federal Employee <i>(p</i>	lease specify belo	ow)	
DUDITIISSIUTI	<u> </u>				



Navigation Bar ◀ Add / Delete a Complaint	5. If current or former federal employee, please list most recent position title, series, grade:				
Prohibited Personnel	Title (for instance, Investigator)				
Practices (PPP)	Series (for instance, GS-1810)				
About Filing a Complaint	Grade (for instance, GS-9)				
Select your PPPs	6. Please provide your dates of employment in this position.				
Biographical Information					
Your Complaint	7. Department name:*				
Retaliation for Whistleblowing	8. Agency name:*				
Retaliation for Protected Activity	9. Agency subcomponent: 10. Street Address:				
Obstruct Competition					
Give Unauthorized Preference	11. City:* 12. State:* Check here if agency address is international.				
Encourage Withdrawal from Competition	Country:*				
Nepotism	13. Zip Code:				
Improper Political Recommendation	14. Are you covered by a collective bargaining agreement? (Check one.)				
Violate Veterans' Preference	Yes No I don't know 15. Which of the following apply to your employment status? (Check all applicable items.)				
Discrimination for Non-Job-Related Conduct	a. Competitive Service Temporary appointment Career or career-conditional appointment				
Other Bases of Discrimination	Term appointment Probationary employee				
Improper Personnel Actions	b. Excepted Service Schedule A Schedule B Schedule C				
Non-Disclosure Agreement	☐ National Guard Technician ☐ Postal Service				
Improper Accessing of Medical Records	☐ Tennessee Valley Authority☐ Non-appropriated fund☐ Other (specify):				
Coerce Political Activity	c. Senior Executive Service (SES) or Executive Level				
Other	☐ Career SES ☐ Executive Level V or above				
Attachments	☐ Non-career SES ☐ Presidential appointee (Senate-confirmed)				
Consent	d. Other				
Certification	☐ Civil service annuitant☐ Military officer or enlisted person☐ Former civil service employee☐ Contract employee				
Submission	Unknown Other (specify):				



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Prohibited Personnel Practices (PPP)	☐ None, or not applicable	
About Filing a Complaint	☐ Appeal with Merit Systems Protection Board (MSPB)	Date:
Select your PPPs	Grievance under collective bargaining agreement procedure	Date:
•	Grievance filed under agency grievance procedure	Date:
Biographical Information	Discrimination complaint filed with agency	Date:
Your Complaint	USERRA claim with VETS (Department of Labor)	Date:
Retaliation for Whistleblowing	Appeal filed with Office of Personnel Management	Date:
Retaliation for Protected Activity	Lawsuit filed in Federal Court Court name:	Date:
Obstruct Competition		Data:
Give Unauthorized Preference	Reported matter to agency Inspector General Reported matter to member of Congress	Date:
Encourage Withdrawal from Competition	Name of Senator or Representative:	
Nepotism	Other (specify):	Date:
Improper Political Recommendation	17. What action would you like for OSC to take if we find that a prol practice has occurred?	hibited personnel
Violate Veterans' Preference	produce has occurred.	
Discrimination for Non-Job-Related Conduct		
Other Bases of Discrimination		
Improper Personnel Actions		
Non-Disclosure Agreement		
Improper Accessing of Medical Records		
Coerce Political Activity		
Other		
Attachments		
Consent		
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Prohibited Personnel Practices (PPP)

About Filing a Complaint

Select your PPPs

Biographical Information

Your Complaint

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PART 4: DETAILS OF YOUR COMPLAINT

Retaliation for Whistleblowing

An agency official is prohibited from taking, failing to take, or threatening to take or fail to take, a personnel action against an employee or applicant because the individual made a disclosure of information that s/he reasonably believed evidenced wrongdoing (*i.e.*, a violation of any law, rule, or regulation; gross mismanagement; a gross waste of funds; an abuse of authority; substantial and specific danger to public health or safety; or censorship related to scientific research.) 5 U.S.C. § 2302(b)(8). This is commonly referred to as a retaliation for whistleblowing claim.

IMPORTANT INFORMATION ABOUT RETALIATION ALLEGATIONS

YOU SHOULD LIST ALL DISCLOSURES AND PERSONNEL ACTIONS
INVOLVED IN YOUR COMPLAINT. This is because: (1) failure to list any
disclosure or personnel action may delay the processing of your complaint by OSC;
and (2) a comprehensive listing will help avoid disputes in any later Individual Right
of Action (IRA) appeal that you may file with the Merit Systems Protection Board
(MSPB).

You may add additional allegations of retaliation for whistleblowing to this complaint while it is pending at OSC. Submission of any additional allegations to OSC in writing will help you if you later decide to file an IRA appeal with the MSPB.

To establish its jurisdiction over an IRA appeal, the MSPB will require you to show that your IRA appeal relates to the same disclosure(s) and personnel action(s) raised in your complaint to OSC. The following documents will help meet this requirement: a copy of the retaliation allegations in your complaint, any additional allegation(s) of retaliation that you submitted to OSC in writing while the complaint was pending, and any official correspondence you receive from OSC about your complaint. IT IS IMPORTANT, THEREFORE, THAT YOU SAVE COPIES OF ALL THESE DOCUMENTS FOR YOUR RECORDS.

If OSC fails to complete its review of your whistleblower retaliation allegation within 120 days after it receives your complaint, or if it closes your complaint at any time without seeking corrective action on your behalf, you have the right to file an IRA appeal with the MSPB. 5 U.S.C. § 1214(a)(3).

Please <u>briefly</u> answer the following questions about your retaliation claim. If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Retaliation for Whistleblowing Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.

Delete the Retaliation for Whistleblowing Claim Below

1. What did you disclose? If you made your disclosure in writing, please attach a copy to your complaint before you submit it.



Navigation Bar	2	When did you disclose it?		
Add / Delete a Complaint	۷.	When did you disclose it:		
Prohibited Personnel	_			
Practices (PPP)	3.	To whom did you make you	ur disclosure?	
About Filing a Complaint				
Select your PPPs	4.	How did you learn of the in	formation you disclosed?	
Biographical Information				
Your Complaint	5.	When and how did agency	officials learn about your disclosure?	
Retaliation for Whistleblowing				
Retaliation for Protected Activity	6.		take in response to your disclosure? (For example, did therwise look into what you disclosed or was disciplinary	
Obstruct Competition		action taken against respor		
Give Unauthorized Preference				
Encourage Withdrawal from Competition	7.	because of your disclosure	o you believe was taken, not taken, or threatened ?	
Nepotism		Check all applicable: Removal	Reinstatement	
Improper Political Recommendation		Suspension	Reassignment	
Violate Veterans'		Other Discipline	Harassment/Hostile Work Environment	
Preference		☐ VA Expedited Process	Psychiatric Examination	
Discrimination for Non-Job-Related Conduct		Gag Order	Performance Evaluation	
Other Bases of		☐ Detail	Changes to Duties/Working Conditions	
Discrimination		Promotion	Pay, Benefits, Training	
Improper Personnel Actions		Appointment	Other	
Non-Disclosure Agreement		Describe:		
Improper Accessing of Medical Records				
Coerce Political Activity	8.	When was the personnel a	ction(s) taken? By whom?	
Other				
Attachments	9.	What was the agency's sta	ted reason for taking the personnel action(s)?	
Consent				
Certification	10	What facts demonstrate the	at the percental action(a) is retaliatery? (For example	
Submission	10	O. What facts demonstrate that the personnel action(s) is retaliatory? (For example, were comments made that suggest that agency officials were angry because of your disclosure or did your relationships cool following your disclosure?)		



For instructions or questions, call the Case Review Division at (202) 804-7000.

Navigation Bar

■ Add / Delete a Complaint

Prohibited Personnel Practices (PPP)

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Select your PPPs

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Your Complaint

Retaliation for Whistleblowing

Retaliation for Protected Activity

Obstruct Competition

Give Unauthorized Preference

Encourage Withdrawal from Competition

Nepotism

Improper Political Recommendation

Violate Veterans' Preference

Discrimination for Non-Job-Related Conduct

Other Bases of Discrimination

Improper Personnel Actions

Non-Disclosure Agreement

Improper Accessing of Medical Records

Coerce Political Activity

Other

Attachments

Consent

Certification

Submission

11	I. Why do you believe agency officials would retaliate against you? (For example, did
	agency officials suffer some adverse impact or embarrassment because of your
	disclosure?)

12. Please provide the name, title, and position in your chain of command of the agency official(s) involved in taking the personnel action(s) that you believe was retaliatory.

First Name	Last Name	Title (e.g., Deputy Director)	Chain of Command (e.g., 1st level supervisor)
			Del

Add Row

5 U.S.C. § 2302(b)(9).

13. Were the agency officials involved in taking the personnel actions against you accused of wrongdoing in your disclosures? If yes, which ones?

Add Another Retaliation for Whistleblowing Claim

Retaliation for Protected Activity

An agency official is prohibited from taking, failing to take, or threatening to take or fail to take a personnel action against any employee or applicant for federal employment because of (A) the exercise of an appeal, complaint, or grievance right granted by any law, rule or regulation; (B) testifying or otherwise lawfully assisting any individual in the exercise of any such right; (C) cooperating with or disclosing information to the Inspector General (or any other component responsible for internal investigation or review) of any agency, or the Special Counsel; or (D) refusing to obey an order that would require the individual to violate a law, rule, or regulation.



For instructions or questions, call the Case Review Division at (202) 804-7000.

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■ Add / Delete a Complaint

Prohibited Personnel Practices (PPP)

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Retaliation for Protected Activity

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Encourage Withdrawal from Competition

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Improper Political Recommendation

Violate Veterans' Preference

Discrimination for Non-Job-Related Conduct

Other Bases of Discrimination

Improper Personnel Actions

Non-Disclosure Agreement

Improper Accessing of Medical Records

Coerce Political Activity

Other

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IMPORTANT INFORMATION ABOUT RETALIATION ALLEGATIONS

YOU SHOULD LIST ALL PROTECTED ACTIVITIES AND PERSONNEL ACTIONS INVOLVED IN YOUR COMPLAINT. This is because: (1) failure to list any protected activity or personnel action may delay the processing of your complaint by OSC; and (2) a comprehensive listing will help avoid disputes in any later Individual Right of Action (IRA) appeal that you may file with the Merit Systems Protection Board (MSPB).

You may add additional allegations of retaliation for engaging in protected activities to this complaint while it is pending at OSC. Submission of any additional allegations to OSC <u>in writing</u> will help you if you later decide to file an IRA appeal with the MSPB.

To establish its jurisdiction over an IRA appeal, the MSPB will require you to show that your IRA appeal relates to the same protected activities and personnel action(s) raised in your complaint to OSC. The following documents will help meet this requirement: a copy of the retaliation allegations in your complaint, any additional allegation(s) of retaliation that you submitted to OSC in writing while the complaint was pending, and any official correspondence you receive from OSC about your complaint. IT IS IMPORTANT, THEREFORE, THAT YOU SAVE COPIES OF ALL THESE DOCUMENTS FOR YOUR RECORDS.

If OSC fails to complete its review of your retaliation allegation within 120 days after it receives your complaint, or if it closes your complaint at any time without seeking corrective action on your behalf, you have the right to file an IRA appeal with the MSPB. <u>5 U.S.C.</u> § 1214(a)(3).

Please briefly answer the following questions about your retaliation claim. If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Retaliation for Protected Activity Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.

Delete the Retaliation for Protected Activity Claim Below

	Frotected Activity Claim Below
1.	In what protected activity did you engage?
	Filed a complaint, appeal, or grievance
	Testified for or lawfully assisted an individual in the exercise of their right to file a complaint, appeal, or grievance
	Cooperated with or disclosed information to an Inspector General, OSC, or other investigator
	Refused to obey an order that would require you to violate a law, rule, or regulation
	Other
2.	When did you engage in the protected activity?



Navigation Bar	2	Dloggo briefly describe the	nature of your protected activity	
■ Add / Delete a Complaint	٥.	Please briefly describe the nature of your protected activity.		
Prohibited Personnel Practices (PPP)	4.	. What action did the agency take in response to your protected activity? (For example, did the agency investigate or otherwise look into what you disclosed or was disciplinary action taken against responsible agency officials?)		
About Filing a Complaint				
Select your PPPs		was disciplinary action take	against responsible agency officials:)	
Biographical Information	_	140		
Your Complaint	5.	When and how did agency	officials learn about your protected activity?	
Retaliation for Whistleblowing	6.	What personnel action(s) do	o you believe was taken, not taken, or threatened	
Retaliation for Protected Activity		because of your disclosure' Check all applicable:		
Obstruct Competition		Removal	Reinstatement	
Give Unauthorized Preference		Suspension	Reassignment	
Encourage Withdrawal from		Other Discipline	Harassment/Hostile Work Environment	
Competition		☐ VA Expedited Process	☐ Psychiatric Examination	
Nepotism		Gag Order	Performance Evaluation	
Improper Political Recommendation		☐ Detail ☐ Promotion	Changes to Duties/Working Conditions	
Violate Veterans' Preference		Appointment	☐ Pay, Benefits, Training ☐ Other	
Discrimination for Non-Job-Related Conduct		Describe:		
Other Bases of Discrimination	7.	When was the personnel a	ction(s) taken? By whom?	
Improper Personnel Actions				
Non-Disclosure Agreement	8.	What was the agency's sta	ted reason for taking the personnel action(s)?	
Improper Accessing of Medical Records				
Coerce Political Activity	9.		at the personnel action(s) is retaliatory? (For example,	
Other			suggest that agency officials were angry because of d your relationships cool following your actions?)	
Attachments)	John State of the	
Consent	10	Why do you boliove agency	v officials would retaliate against you? (For example, did	
Certification	10	10. Why do you believe agency officials would retaliate against you? (For example, agency officials suffer some adverse impact or embarrassment because of your		
Submission		protected activity?)	7	



Navigation Bar	11. Please provide	the name, title,	and position in your chai	n of command of the agency	
◆ Add / Delete a Complaint				you believe were retaliatory.	
Prohibited Personnel Practices (PPP)	First Name	Last Name	Title (e.g., Deputy Director)	Chain of Command (e.g., 1 st level supervisor)	
About Filing a Complaint				Del	
Select your PPPs		<u> </u>			
Biographical Information	Add Row				
Your Complaint			ved in taking the personn		
Retaliation for Whistleblowing	ones?	ngdoing in your	complaint of other protect	cted activity? If yes, which	
Retaliation for Protected Activity					
Obstruct Competition			Another Retaliation for otected Activity Claim		
Give Unauthorized Preference			tructed Competition		
Encourage Withdrawal from Competition			oited from deceiving or warral employment. 5 U.S.C.	illfully obstructing an § 2302(b)(4). This section	
Nepotism	requires evidence t	that the agency	official willfully engaged	in actions to prevent or	
Improper Political Recommendation	mistake, oversight,	or error is not a	idual from being conside prohibited personnel protect of the contract of the c	actice. Likewise, the	
Violate Veterans' Preference	selection of a qualified candidate who, at the outset of the competition, was the preferred candidate (<i>i.e.</i> , "pre-selection") does not automatically constitute a willful obstruction of one's right to compete.				
Discrimination for Non-Job-Related Conduct	Please brie	e <u>fly</u> answer the f	ollowing questions about	t your claim of willful repeat the process until	
Other Bases of Discrimination	Another Obstruct	ed Competition		end of this section. You	
Improper Personnel Actions	will have an oppo your form.	rtunity to attac	h supporting documen	tation before you submit	
Non-Disclosure Agreement	, , , , , , , , , , , , , , , , , , , ,			elete the Obstructed	
Improper Accessing of Medical Records			Со	mpetition Claim Below	
Coerce Political Activity	 State the series applicable. 	s, grade, and title	e of the position for which	n you were competing, if	
Other					
Attachments	2 How was the no	nsition filled (e.a.	vacancy announcemer	nt, detail, reassignment)?	
Consent	2. How was the pe	osition filled (0.9	., vacancy announcemen	it, dotaii, rodosigiimont):	
Certification					
Submission	3. Was the position Competitive		tive or excepted service? Excepted Service	,	
	4. Was the position		Tyes □ No		
	Trac the position				



Navigation Bar		If yes, what is the va	acancy announcement num	nber and when was it advertised?
◆ Add / Delete a Complaint			•	
Prohibited Personnel Practices (PPP)	5.	·	on advertised? (Check all th	nat apply.)
About Filing a Complaint		Externally	Internally	
Select your PPPs	6.	Did you apply for the If no, why?	e position?	No
Biographical Information		ii iio, wiiy :		
Your Complaint	7	Ctata the name and	title of the exercise official/a	Number of conjugation of the standard visit
Retaliation for Whistleblowing		from competing for f		s) who deceived or obstructed you
Retaliation for Protected Activity		First Name	Last Name	Title (e.g., Deputy Director)
Obstruct Competition				Del
Give Unauthorized Preference		Add Row		
Encourage Withdrawal from Competition	8.			ved or obstructed you from ble, what did he/she say or do to
Nepotism		obstruct you from co	. , , , , , ,	ole, what did fie/she say of do to
Improper Political Recommendation				
Violate Veterans' Preference	9.	Why do you believe compete?	the identified agency offici	al(s) wanted to obstruct your right to
Discrimination for Non-Job-Related Conduct				
Other Bases of Discrimination			Add Another Obs Competition C	
Improper Personnel Actions			Give Unauthorized F	Preference
Non-Disclosure Agreement				ing an unauthorized preference or
Improper Accessing of Medical Records	pro	spects of any partic	ular person for employment	rpose of improving or injuring the t. <u>5 U.S.C. § 2302(b)(6)</u> . Please note the outset of the competition, was the
Coerce Political Activity				alone constitute an unauthorized
Other	pre	eference or advantag	•	
Attachments	pre			ons about your unauthorized han one instance, you may repeat
Consent	the	process until you	have answered the quest	tions for each instance. To do so,
Certification				ference Claim" button at the end of tach supporting documentation
Submission	be	fore you submit yo	ur form.	



Navigation Bar				Doloto the Cive Unauthorized		
Add / Delete a Complaint				Delete the Give Unauthorized Preference Claim Below		
Prohibited Personnel Practices (PPP)	1.		Please state the job title, series, and grade of the position for which an nauthorized preference or advantage was granted.			
About Filing a Complaint		unaumonzed prefere	ence of advantage was gra	med.		
Select your PPPs			CH 1/			
Biographical Information	2.	How was the positio	n filled (<i>e.g.</i> , vacancy anno	ouncement, detail, reassignment)?		
Your Complaint						
Retaliation for Whistleblowing	3.	Was the position in t	he competitive or excepted vice Excepted Service			
Retaliation for Protected Activity	4.	Was the position advertised? Yes No				
Obstruct Competition		If yes, what is the va	acancy announcement num	nber and when was it advertised?		
Give Unauthorized Preference	5.	How was this positio	n advertised? (Check all th	nat apply.)		
Encourage Withdrawal from Competition	6.	☐ Externally ☐ Internally ☐ N/A State the name and title of the agency official(s) who granted the unauthorized				
Nepotism		preference or advant	• • • • • • • • • • • • • • • • • • • •	, 3		
Improper Political Recommendation		First Name	Last Name	Title (e.g., Deputy Director)		
Violate Veterans' Preference				Del		
Discrimination for Non-Job-Related Conduct		Add Row				
Other Bases of Discrimination	7.	State the name, title unauthorized prefere		e) of the person who received the		
Improper Personnel Actions						
Non-Disclosure Agreement	8.		w did the involved agency official(s) advantage this person? (For example, what			
Improper Accessing of Medical Records		specific actions did the agency official take to improve the employment prospects of this person?)				
Coerce Political Activity						
Other	9.	What motivated the	agency official to advantag	ge this person?		
Attachments						
Consent	10	. What facts indicate t	that the involved agency of	ficial(s) granted the unauthorized		
Certification	preference or advantage <i>for the purpose</i> of improving this person's chances of being selected?					
Submission		being selected:				



For instructions	s or questions, call the Case Review Division at (202) 804-7000.
Navigation Bar ■ Add / Delete a Complaint	11. If you believe the person selected was not qualified for the position, which of the required qualification(s) does the individual lack? How do you know the individual does not meet the requirement(s)?
Prohibited Personnel Practices (PPP)	does not meet the requirement(s):
About Filing a Complaint	
Select your PPPs	Add Another Give Unauthorized Preference Claim
Biographical Information	
Your Complaint	Encourage Withdrawal from Competition
Retaliation for Whistleblowing	An agency official is prohibited from influencing, or trying to influence, an individual to withdraw from competition for any position for the purpose of improving or injuring the prospects of any other person for employment. <u>5 U.S.C.</u> § 2302(b)(5).
Retaliation for Protected Activity	Please <u>briefly</u> answer the following questions about your claim concerning improper influence. If there is more than one instance, you may repeat the process
Obstruct Competition	until you have answered the questions for each instance. To do so, click the
Give Unauthorized Preference	"Add Another Encourage Withdrawal from Competition Claim" button at the end of this section You will have an opportunity to attach supporting documentation
Encourage Withdrawal from Competition	before you submit your form. Delete the Encourage Withdrawal
Nepotism	from Competition Claim Below
Improper Political Recommendation	1. State the series, grade, and title of the position for which you were competing.
Violate Veterans' Preference	2. How was the position filled (<i>e.g.</i> , vacancy announcement, detail, reassignment)?
Discrimination for Non-Job-Related Conduct	
Other Bases of Discrimination	3. Was the position in the competitive or excepted service?Competitive Service Excepted Service
Improper Personnel Actions	4. Was the position advertised? Yes No
Non-Disclosure Agreement	If yes, what is the vacancy announcement number and when was it advertised?
Improper Accessing of Medical Records	
Coerce Political Activity	5. How was this position advertised? <i>(Check all that apply.)</i> Externally Internally
Other	6. Did you apply for the position? Yes No
Attachments	If no, why?
Consent	
Certification	
Submission	



COMPLAINT OF PROHIBITED PERSONNEL PRACTICE OR OTHER

PROHIBITED	Α(CTIVITY	Case Review Division a			
Navigation Bar ✓ Add / Delete a Complaint	7.		title of the agency official(s	s) who influenced, or tried to		
Prohibited Personnel Practices (PPP)		First Name	Last Name	Title (e.g., Deputy Director)		
About Filing a Complaint				Del		
Select your PPPs		Add Row				
Biographical Information	8.	State how the involv	red agency official(s) influe	nced, or tried to influence, you to		
Your Complaint		withdraw from comp		, , ,		
Retaliation for Whistleblowing						
Retaliation for Protected Activity	9.	chances of being se		ght to improve or injure someone's someone benefit from your		
Obstruct Competition		Withdrawar: Wodia C	Someone have benefited in	ad you william.		
Give Unauthorized Preference			Add Another Encourage	e Withdrawal		
Encourage Withdrawal from Competition		from Competition Claim				
Nepotism		<u>Nepotism</u>				
Improper Political Recommendation		A public official is prohibited from engaging in nepotism (<i>i.e.</i> , hiring, promoting, advancing, or advocating for the appointment, employment, promotion, or advancement of any relative). <u>5 U.S.C. 2302(b)(7)</u> . The word "relative," means a father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister. <u>5 U.S.C. § 3110(a)(3)</u> .				
Violate Veterans' Preference	mc					
Discrimination for Non-Job-Related Conduct						
Other Bases of Discrimination		ere is more than one	e instance, you may repe	ons about your nepotism claim. If at the process until you have		
Improper Personnel Actions				do so, click the "Add Another ion. You will have an opportunity		
Non-Disclosure Agreement	to	attach supporting o	locumentation before you	u submit your form.		
Improper Accessing of Medical Records				Delete the Nepotism Claim Below		
Coerce Political Activity	1.	State the name and	title of the public official(s)	who engaged in nepotism.		
Other		First Name	Last Name	Title (e.g., Deputy Director)		
Attachments				Del		
Consent						
Certification		Add Row				
Submission	2.	Identify the relative f	for whom the official acted	or advocated.		



For instructions	s or questions, call the Case Review Division at (202) 804-7000.
Navigation Bar ■ Add / Delete a Complaint	How is the public official related to the person for whom s/he acted or advocated? How do you know that they are related?
Prohibited Personnel Practices (PPP)	
About Filing a Complaint	4. When and how did the public official play a part in appointing, employing, promoting, advancing, or advocating for his/her relative?
Select your PPPs	
Biographical Information	5. To your knowledge, has anyone previously alleged nepotism based on the
Your Complaint	relationship between this public official and his/her relative?
Retaliation for Whistleblowing	☐ Yes ☐ No If yes, what was the outcome?
Retaliation for Protected Activity	
Obstruct Competition	Add Another Nepotism Claim
Give Unauthorized Preference	
Encourage Withdrawal from Competition	Improper Political Recommendation An agency official is prohibited from soliciting or considering any employment
Nepotism	recommendation or statement, unless it is based on personal knowledge.
Improper Political Recommendation	5 U.S.C. § 2302(b)(2). This section is intended to prevent the use of <i>political</i> influence to obtain a position or promotion. Please <u>briefly</u> answer the following questions about your claim of an improper
Violate Veterans' Preference	recommendation. If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the
Discrimination for Non-Job-Related Conduct	"Add Another Improper Political Recommendation Claim" button at the end of this section. You will have an opportunity to attach supporting documentation
Other Bases of Discrimination	before you submit your form. Delete the Improper Political
Improper Personnel Actions	Recommendation Claim Below
Non-Disclosure Agreement	1. Describe the employment recommendation that was solicited or considered. (For
Improper Accessing of Medical Records	example, for what employment opportunity was it solicited or considered? When was it issued? Who was the beneficiary or intended beneficiary of the
Coerce Political Activity	recommendation?)
Other	
Attachments	2. How did you learn about the solicitation or consideration of the recommendation?
Consent	
Certification	3. State the name and title of the agency official(s) who solicited or considered the
Submission	recommendation.



For instructions or questions, call the Case Review Division at (202) 804-7000.

Navigation Bar ■ Add / Delete a Complaint Prohibited Personnel Practices (PPP)

About Filing a Complaint

Select your PPPs

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Your Complaint

Retaliation for Whistleblowing

Retaliation for Protected Activity

Obstruct Competition

Give Unauthorized Preference

Encourage Withdrawal from Competition

Nepotism

Improper Political Recommendation

Violate Veterans' Preference

Discrimination for Non-Job-Related Conduct

Other Bases of Discrimination

Improper Personnel Actions

Non-Disclosure Agreement

Improper Accessing of Medical Records

Coerce Political Activity

Other

Attachments

Consent

Certification
Submission

First Name	Last Name	Title (e.g., Deputy Director)
		Del

Add Row

- 4. Was the recommendation received from a member of Congress? If so, (a) please identify the member of Congress, and (b) describe the nature of the recommendation.
- 5. If an employment recommendation was made, was it based on the personal knowledge of the person who made it? For example, was the recommendation based on observations derived from an employment relationship?
- 6. If you believe that an employment recommendation was not based on the personal knowledge of the person who made it, please describe the facts supporting your belief.

Add Another Improper Political Recommendation Claim

Violation of Veterans' Preference

An agency official is prohibited from taking or failing to take a personnel action if doing so would violate veterans' preference. 5 U.S.C. § 2302(b)(11). While such actions constitute a prohibited personnel practice, generally, employees must file these claims through the Department of Labor. More information on filing these complaints with DOL can be found on their website.

<u>Discrimination for Non-Job-Related Conduct</u>

An agency official is prohibited from discriminating against an employee or applicant on the basis of conduct that does not adversely affect the performance of the employee or applicant, or the performance of others. <u>5 U.S.C. § 2302(b)(10)</u>. This could include, for example, discrimination based on sexual orientation or gender identity.

Please <u>briefly</u> answer the following questions about your discrimination claim to help OSC determine whether there is sufficient information to warrant further inquiry into this allegation. If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Discrimination for Non-Job-Related Conduct Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.



Navigation Bar						
◆ Add / Delete a Complaint						e Discrimination for Non- ed Conduct Claim Below
Prohibited Personnel Practices (PPP)	1.	For what conduc	ct do you be	lieve	you have faced discrin	nination?
About Filing a Complaint						
Select your PPPs	2.	Does your condu	uct involve y	our	sexual orientation?]Yes ☐ No
Biographical Information		Does your condu	•		·	Yes No
Your Complaint	4.	When and where	-		•	example, did it occur before/
Retaliation for Whistleblowing		and daty near	, away nom	WOII	,	
Retaliation for Protected Activity	5.				n in your chain of commased on your conduct.	nand of the agency official(s)
Obstruct Competition		First Name	Last Nam	ne	Title	Chain of Command
Give Unauthorized Preference					(e.g., Deputy Director)	(e.g., 1 st level supervisor)
Encourage Withdrawal from Competition		Add Row				
Nepotism						
Improper Political Recommendation	6.	If you know, stat	te when and	hov	v the agency official(s) lo	earned of your conduct.
Violate Veterans' Preference	7.			l(s)	discriminated against yo	ou based on your conduct.
Discrimination for Non-Job-Related Conduct		Check all application Removal	able.		Reinstatement	
Other Bases of Discrimination		Suspension			Reassignment	
Improper Personnel Actions		Other Discipli	ine		Harassment/Hostile Wo	rk Environment
		☐ VA Expedited	Process		Psychiatric Examination	1
Non-Disclosure Agreement		Gag Order			Performance Evaluatior	1
Improper Accessing of Medical Records		Detail			Changes to Duties/World	king Conditions
Coerce Political Activity		Promotion			Pay, Benefits, Training	
Other		Appointment			Other	
Attachments		Describe:				
Consent						
Certification	8.	What facts indic	ate that the	invo	lved agency official(s) d	iscriminated against you
Submission		based on your c	onduct? (Fo	r ex uct?	ample, did the agency o Were other employees	•
					,	



For instructions or questions, call the Case Review Division at (202) 804-7000.

Navigation Bar

■ Add / Delete a Complaint

Prohibited Personnel Practices (PPP)

About Filing a Complaint

Select your PPPs

Biographical Information

Your Complaint

Retaliation for Whistleblowing

Retaliation for Protected Activity

Obstruct Competition

Give Unauthorized Preference

Encourage Withdrawal from Competition

Nepotism

Improper Political Recommendation

Violate Veterans' Preference

Discrimination for Non-Job-Related Conduct

Other Bases of Discrimination

Improper Personnel Actions

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Coerce Political Activity

Other

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OSC Form-14
PROHIBITED PERSONNEL PRACTICES

Add Another Discrimination for Non-Job-Related Conduct Claim

Other Bases of Discrimination

(Based on Race, Color, Religion, Sex, National Origin, Age, Disability, Marital Status, or Political Affiliation)

An agency official is prohibited from discriminating for or against any employee or applicant for employment on the basis of race, color, religion, sex, national origin, age, disability (or handicapping condition), marital status or political affiliation. 5 U.S.C. § 2302(b)(1). OSC routinely examines claims of discrimination based on marital status and political affiliation. However, we defer nearly all claims of discrimination based on race, color, religion, sex, national origin, age, disability (or handicapping condition) to the EEO process. Filing an OSC complaint based upon one of these bases will not change the deadlines for filing an EEO complaint. While allegations of sexual orientation and gender identity discrimination are also sex discrimination, OSC also examines these allegations as complaints of Discrimination for Non-Job-Related Conduct. If you are making an allegation of sexual orientation or gender identity discrimination, please complete the questions for that section.

Please <u>briefly</u> answer the following questions about your discrimination claim. If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Other Bases of Discrimination Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.

Delete the Other Bases of Discrimination Claim Below

1.	What is the basis of your discrimination claim?							
	Race	☐ National Origin						
	Color	Age						
	Religion	☐ Marital Status						
	Sex	Political Affiliation						
	Disability (or handicappin	g condition)						
2.	2. What is your status within that basis? (For example, if you are claiming marital status discrimination, are you married, single, widowed, or separated?)							
_	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	av taka au fail ta taka?						
3.	What action(s) did the agend Check all applicable:	cy take or fall to take?						
	Removal	Reinstatement						
	Suspension	Reassignment						
	Other Discipline	☐ Harassment/Hostile Work Environment						
		Psychiatric Examination						
	Gag Order	Performance Evaluation						
	Detail	☐ Changes to Duties/Working Conditions						



Navigation Bar		Promotion		Pay, Benefits, Training			
◀ Add / Delete a Complaint		Appointment		Other			
Prohibited Personnel Practices (PPP)		Describe:					
About Filing a Complaint							
Select your PPPs	4	When did the ac	tion(s) occur?				
Biographical Information	4	When did the ac	stion(s) occur :				
Your Complaint							
Retaliation for		State the name, involved in the a		n in your chain of comm	and of the agency official(s)		
Whistleblowing			,	Title	Chain of Command		
Retaliation for Protected Activity		First Name	Last Name	(e.g., Deputy Director)	(e.g., 1 st level supervisor)		
Obstruct Competition					Dei		
Give Unauthorized Preference		Add Row					
Encourage Withdrawal from Competition	6.	What was the ag	gency's stated re	eason(s) for the action(s)?		
Nepotism							
Improper Political Recommendation	7.	What facts support your assertion that the action was discriminatory?					
Violate Veterans' Preference			Add A	nother Other Bases of			
Discrimination for Non-Job-Related Conduct			Dis	scrimination Claim			
Other Bases of Discrimination		An agency		er Personnel Action ited from taking or failing	<u>s</u> g to take a personnel action		
Improper Personnel Actions				a law, rule, or regulation a law, rule, or regulation inciple listed in 5 U.S.C.			
Non-Disclosure Agreement					r of Congress or exercising		
Improper Accessing of Medical Records		ur First Amendment rights falls under this section. Please <u>briefly</u> answer the following questions about your claim under this					
Coerce Political Activity					eat the process until you so, click the "Add Another		
Other	lm	proper Personn	el Actions Clai	m" button at the end o	f this section. You will		
Attachments	ha ^r for		ty to attach su	pporting documentation	on before you submit your		
Consent	101						
Certification				Delete A	the Improper Personnel Actions Claim Below		
Submission		What was the personnel action(s) taken or not taken?					
		Check all applica					
		Removal		Reinstatement			



Navigation Bar		Suspension	ſ		Reassignment		
■ Add / Delete a Complaint		Other Disciplin	10 10			rk Environment	
Prohibited Personnel		☐ VA Expedited Process		☐ Harassment/Hostile Work Environment☐ Psychiatric Examination			
Practices (PPP)			riocess [
About Filing a Complaint		Gag Order]		Performance Evaluation		
Select your PPPs		☐ Detail	[Changes to Duties/Worl	king Conditions	
Biographical Information		Promotion			Pay, Benefits, Training		
Your Complaint		Appointment			Other		
Retaliation for Whistleblowing		Describe:					
Retaliation for Protected Activity	2.	When was the pe	ersonnel acti	on((s) taken or not taken?		
Obstruct Competition							
Give Unauthorized Preference	3.	State the name, t				and of the agency official(s)	
Encourage Withdrawal from Competition		First Name	Last Name		Title (e.g., Deputy Director)	Chain of Command (e.g., 1 st level supervisor)	
Nepotism					(0.9., = 1 0.5)		
Improper Political Recommendation		Add Davis				Del	
Violate Veterans' Preference	4	Add Row	مربط لممردوات	1	a anamay afficial listed a	have in the management	
Discrimination for Non-Job-Related Conduct	4.	action(s) that is t	he subject of	f yc	n agency official listed a our complaint. (<i>e.g.</i> , reco al, approving official, etc	mmending official,	
Other Bases of Discrimination			, <u> </u>		, 11 0 ,	,	
Improper Personnel Actions	5.			was	s violated by the agency	's taking or failing to take	
Non-Disclosure Agreement		the personnel ac	tion(s)?				
Improper Accessing of Medical Records			Add	۸	other Impresser Deveen		
Coerce Political Activity			Auu /	-1110	other Improper Person Actions Claim	nei	
Other							
Attachments							
Consent							
Certification	1						
Submission	1						



For instructions or questions, call the Case Review Division at (202) 804-7000.

Navigation Bar

■ Add / Delete a Complaint

Prohibited Personnel Practices (PPP)

About Filing a Complaint

Select your PPPs

Biographical Information

Your Complaint

Retaliation for Whistleblowing

Retaliation for Protected Activity

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Nepotism

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Non-Disclosure Agreement

An agency official is prohibited from implementing or enforcing a non-disclosure policy, form, or agreement (commonly called a "gag order") if it does not contain a statement notifying employees and applicants for federal employment of their rights, obligations, and liabilities concerning classified information, communications to Congress, whistleblowing to an Inspector General, or any other whistleblower protection. 5 U.S.C. § 2302(b)(13).

Please <u>briefly</u> answer the following questions about this claim. **If there is more** than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Non-Disclosure Agreement Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.

Delete the Non-Disclosure Agreement Claim Below

			79	reement Claim Delow					
1.	Describe the non-disclosure policy or "gag order."								
	 State the name, title, and position in your chain of command of the agency official(s) who implemented or enforced the non-disclosure agreement or policy. 								
	First Name	Last Name	Title (e.g., Deputy Director)	Chain of Command (e.g., 1 st level supervisor)					
				Del					
	Add Row								
3.	When was the a	greement or pol	licy issued?						
4.	4. To whom does the agreement or policy apply (i.e., does the agreement apply only								
	to you, to the subordinates of a particular agency official(s), to a field office, or to the entire agency?)								
5.	5. Does the agreement or policy contain a statement concerning whistleblower rights?								
	☐ Yes ☐ No								
	Add Another Non-Disclosure Agreement Claim								
	Improvement Accessing of Madical Decords								

Improper Accessing of Medical Records

An agency official is prohibited from accessing the medical records of another employee or applicant for employment as a part of, or otherwise in furtherance of, the commission of a prohibited personnel practice. <u>5 U.S.C. § 2302(b)(14).</u>



For instructions or questions, call the Case Review Division at (202) 804-7000.

Navigation Bar

■ Add / Delete a Complaint

Prohibited Personnel Practices (PPP)

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Select your PPPs

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Please briefly answer the following questions about your claim. If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Improper Accessing of Medical Records Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.

Delete the Improper Accessing of Medical Records Claim Below

1.	Who accessed your medical records?
2.	When were they accessed?
3.	Please provide any additional details you may have to describe how your records were accessed.
4.	What reason did the agency give to explain why they accessed your medical records? Why do you think they did so?
5.	What action, if any, did the agency take based on information learned from your medical records?
6.	Do you think that agency officials improperly accessed your medical records in connection with one of the other PPPs listed on this form? If so, please describe.
	Add Another Improper Accessing

Add Another Improper Accessing of Medical Records Claim

Coerce Political Activity

An agency official is prohibited from coercing a person to engage in political activity, and from taking action against a person for refusing to do so. This section prohibits the coercion of a person's political activity, including providing any political contribution or service. § 2302(b)(3).

Please <u>briefly</u> answer the following questions about your claim of coerced political activity. If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Coerce Political Activity Claim" button at the end of this section. You will have an opportunity to attach supporting documentation before you submit your form.



	_					
Navigation Bar					D.J	oto the Course Balitical
■ Add / Delete a Complaint						ete the Coerce Political Activity Claim Below
Prohibited Personnel Practices (PPP)	1.	Describe	the po	litical activity or	service you were coerce	ed into undertaking.
About Filing a Complaint						
Select your PPPs	2.	How did a	ın age	ncy official atten	npt to coerce political ac	tivity?
Biographical Information				,		,
Your Complaint						
Retaliation for Whistleblowing				percion occur? title, and position	on in your chain of comm	and of the agency official(s)
Retaliation for Protected		involved in	the c	coercion.		
Activity Obstruct Competition		First Na	ame	Last Name	Title (e.g., Deputy Director)	Chain of Command (e.g., 1 st level supervisor)
Give Unauthorized Preference						Del
Encourage Withdrawal from Competition		Add Ro	ow			
Nepotism	5.					stated or implied adverse
Improper Political Recommendation		conseque	nces 1	or refusal to par	ticipate in the political ad	ctivity or service?)
Violate Veterans' Preference	6.	Have you			complaint with OSC bas	ed on this incident?
Discrimination for Non-Job-Related Conduct		Yes	□ No		Another Coerce Politica	al
Other Bases of Discrimination					Activity Claim	
Improper Personnel Actions						
Non-Disclosure Agreement						
Improper Accessing of Medical Records						
Coerce Political Activity						
Other						
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Submission						



For instructions or questions, call the Case Review Division at (202) 804-7000.

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Encourage Withdrawal from Competition

Nepotism

Improper Political Recommendation

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Other

OSC also has jurisdiction over certain other activities prohibited by statute. If none of the categories of wrongdoing above apply to your circumstances, please tell us the basis of your complaint below. OSC will determine whether we have jurisdiction over your complaint. You will have an opportunity to attach supporting documentation before you submit your form.

Attachments

would like to attach d	documents to my	complaint.	ATTACH

Please note that the space available for attachments is limited. Therefore, **DO NOT** attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your complaint (*e.g.*, proposed AND final disciplinary action, along with any written reply you submitted; letter of reprimand; performance appraisal; PIP; vacancy announcement) **if these documents are relevant to your allegations.**

To see the attachments that have been successfully added to your form, click on the paperclip icon in the dark gray panel on the far left side of your screen. Please note that, if you print a copy of your form, the attachments will not print with it. However, any documents that appear in the paperclip panel will be transmitted to OSC.



COMPLAINT OF PROHIBITED PERSONNEL PRACTICE OR OTHER PROHIBITED ACTIVITY

For instructions or questions, call the Case Review Division at (202) 804-7000.

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Discrimination for Non-Job-Related Conduct

Other Bases of Discrimination

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PART 5: CONSENT TO CERTAIN DISCLOSURES OF INFORMATION

* Denotes Required Fields

OSC asks everyone who files a complaint alleging a possible prohibited personnel practice or other prohibited activity to select one of three Consent Statements shown below. Please: (a) select and check one of the Consent Statements below; and (b) keep a copy for your own records.

If you initially select a Consent Statement that restricts OSC's use of information, you may later select a less restrictive Consent Statement. If your selection of Consent Statement 2 or 3 prevents OSC from being able to conduct an investigation, an OSC representative will contact you, explain the circumstances, and provide you with an opportunity to select a less restrictive Consent Statement.

You should be aware that the Privacy Act and other applicable federal laws allow information in OSC case files to be used or disclosed for certain purposes, regardless of which Consent Statement you sign. Information about certain circumstances under which OSC can use or disclose information under the Privacy Act appears in the Form Submission part of this form.

	which OSC can use or disclose information under the Privacy Act appears in the Form Submission part of this form. *(Please check ONLY one)
٦	Consent Statement 1 I consent to OSC's communication with the agency involved in my complaint. I agree to allow OSC to disclose my identity and information about my complaint if OSC decides that such disclosure is needed to investigate my complaint (for example, to request information from the agency, or seek a possible resolution).
6	Consent Statement 2 I consent to OSC's communication with the agency involved in my complaint, but I do not agree to allow OSC to disclose my identity to that agency. I agree to allow OSC to disclose only information about my complaint, without disclosing my name or other identifying information, if OSC decides that such disclosure is needed to investigate my complaint (for example, to request information from the agency, or seek a possible resolution). I understand that in some circumstances, OSC could not maintain my anonymity while communicating with the agency involved about a specific personnel action. In such cases, I understand that my request for confidentiality may prevent OSC from taking further action on the complaint.
	Consent Statement 3 I do not consent to OSC's communication with the agency involved in my complaint. I understand that if OSC decides that it cannot investigate my complaint without communicating with that agency, my lack of consent will probably prevent OSC from taking further action on the complaint. Next



Do not use this form to submit classified information. For instructions or questions, call the Disclosure Unit at (202) 804-7000.

Navigation Bar

■ Add / Delete a Complaint

Report Government Wrongdoing (Disclosure)

About Filing a Disclosure

Biographical Information

Details of Your Disclosure

Select Your Disclosures

Your Disclosure

Violation of Law, Rule, or Regulation

Gross Mismanagement

Gross Waste of Funds

Abuse of Authority

Danger to Public Health

Danger to Public Safety

Censorship Related to Scientific Research

Attachments

Consent

Certification

Submission

PART 1: IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under <u>5 U.S.C.</u> § <u>1213</u> and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- · a violation of law, rule or regulation;
- · gross mismanagement;
- · gross waste of funds;
- · an abuse of authority;
- · a substantial and specific danger to public health or safety; and/or
- · censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (i.e., non-civilian military employees);
- state employees operating under federal grants;
- · employees of federal contractors;
- · other employees or federal agencies that are exempt under federal law; and
- · Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint for retaliation by selecting Add/Delete a Complaint from the top left corner. Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure. PPPs are employment-related activities that are banned in the federal workforce. PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.



Do not use this form to submit classified information. For instructions or questions, call the Disclosure Unit at (202) 804-7000.

Navigation Bar PART 2: BIOGRAPHICAL INFORMATION ■ Add / Delete a Complaint * Denotes Required Fields **Report Government** Wrongdoing (Disclosure) 1. Complainant Information: About Filing a Disclosure Title Biographical Information Middle Initial First Name* Details of Your Disclosure Last Name* Select Your Disclosures 2. Contact Information: Your Disclosure Address Location* Domestic International Violation of Law, Rule, or Address Line 1* Regulation Gross Mismanagement Address Line 2 Gross Waste of Funds City* Zip Code* Abuse of Authority Danger to Public Health *At least **ONE** phone number **OR** email address is required. Cell Phone Number Danger to Public Safety Censorship Related to Office Phone Number Scientific Research Home Phone Number Attachments Email Address Consent Preferred means of contact: Certification email home phone cell phone office phone Submission Please do not contact me on my office phone International Address* *At least **ONE** phone number **OR** email address is required. Cell Phone Number Office Phone Number Home Phone Number Email Address Preferred means of contact: email home phone cell phone office phone Please do not contact me on my office phone



Navigation Bar 3. Do you have representation?* Ye			□No
■ Add / Delete a Complaint		Title	
Report Government Wrongdoing (Disclosure)		First Name*	Middle Initial
About Filing a Disclosure		Last Name*	
Biographical Information		Address Location* Domestic Interest	national
Details of Your Disclosure		Address Line 1*	
Select Your Disclosures		Address Line 2	
Your Disclosure		City*	State* ▼
Violation of Law,Rule, or Regulation		Zip Code*	
Gross Mismanagement		*At least ONE phone number OR email as Cell Phone Number	daress is requirea.
Gross Waste of Funds		Office Phone Number	Ext.
Abuse of Authority		Home Phone Number	
Danger to Public Health		Email Address	
Danger to Public Safety		Preferred means of contact:	
Censorship Related to Scientific Research			office phone
Attachments		☐ email ☐ home phone ☐ cell phone International Address*	office priorite
Consent		international / tudices	
Certification	-	*At least ONE phone number OR email ac	ddress is required.
Submission	-	Cell Phone Number	
Cubillission	-	Office Phone Number	Ext.
		Home Phone Number	
		Email Address	
		Preferred means of contact:	
		email home phone cell phon	e
	4.	Complainant's employment status:*	
		Current Federal Employee	
		Former Federal Employee	
		Applicant For Federal Employment	
		☐ Non-Federal Employee (please specify	v below)
			



Navigation Bar	5. If current or former federal employee, please list most recent position title, series, grade:				
◆ Add / Delete a Complaint	Title (for instance Investigator)				
Report Government Wrongdoing (Disclosure)	Conice (for instance CC 4040)				
About Filing a Disclosure	Crade (for instance CS 0)				
Biographical Information	6. Please provide your dates of employment in this position.				
Details of Your Disclosure					
Select Your Disclosures	7. Department name:*				
Your Disclosure	8. Agency name:*				
Violation of Law,Rule, or Regulation	9. Agency subcomponent:				
Gross Mismanagement	10. Street Address:				
Gross Waste of Funds	11. City:*				
Abuse of Authority	12. State:* Check here if agency address is international*				
Danger to Public Health	Country:*				
Danger to Public Safety	13. Zip Code:				
Censorship Related to Scientific Research	14. Are you covered by a collective bargaining agreement? <i>(Check one.)</i>				
Attachments	☐ Yes ☐ No ☐ I don't know				
Consent	15. Which of the following apply to your employment status? (Check all applicable items.)				
Certification	a. Competitive Service				
Submission	☐ Temporary appointment ☐ Career or career-conditional appointment ☐ Term appointment ☐ Probationary employee				
	b. Excepted Service Schedule A Schedule B Schedule C National Guard/Reserve Tech Tennessee Valley Authority Non-appropriated fund Other (specify):				
	c. Senior Executive Service (SES) or Executive Level Career SES Executive Level V or above Non-career SES Presidential appointee (Senate-confirmed) d. Other Civil service annuitant Military officer or enlisted person Former civil service employee Contract employee Unknown Other (specify):				



Navigation Bar						
■ Add / Delete a Complaint	PART 3: SELECT YOUR DISCLOSURES					
Report Government Wrongdoing (Disclosure)	MUST check one option). If	you check "violation of la	lleging (check ALL that apply - you aw, rule, or regulation," specify, if			
About Filing a Disclosure	you can, the particular law, citation).	rule or regulation violated	I (by name, subject, and/or legal			
Biographical Information	☐ Violation of law, rule, or regulation (please specify):					
Details of Your Disclosure						
Select Your Disclosures						
Your Disclosure	Gross mismanagemen	t				
Violation of Law,Rule, or Regulation	Gross waste of funds Abuse of authority					
Gross Mismanagement	Substantial and specifi	c danger to public health				
Gross Waste of Funds	Substantial and specifi	Substantial and specific danger to public safety				
Abuse of Authority	Censorship related to scientific research					
Danger to Public Health						
Danger to Public Safety	For each allegation, please answer the following questions (be as specific as possible) Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you. If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the					
Censorship Related to Scientific Research						
Attachments						
Consent	substantial likelihood standard, there must be a significant probability that the					
Certification	information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the					
Submission	disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the					
	allegations.					
	If there is more than one instance, you may repeat the process until you have answered the questions for each instance. To do so, click the "Add Another Instance" button at the end of each section. You will have an opportunity to attach supporting documentation before you submit your form.					
	Violation of law, rul	,	Delete the Violation of Law Claim Below			
	a. Who took the action		-			
	First Name	Last Name	Title			
			Del			
	Add Row					



PATES OF			
vigation Bar Add / Delete a Complaint	b. What action o	did they take?	
port Government ongdoing (Disclosure)			
5 5 (c. When did this	s action occur?	
oout Filing a Disclosure	d. How did you	discover this action?	
ographical Information			
tails of Your Disclosure	e. What addition	nal facts support vour allegat	ion of a violation of law, rule, or
ct Your Disclosures	regulation?		
Disclosure			
lation of Law,Rule, or gulation		Add Another Viol	ation of
oss Mismanagement		Law, Rule, or Regula	
oss Waste of Funds	Cross misms	nagamant	Delete the Gross
e of Authority	Gross misma	magement	Mismanagement Claim Below
er to Public Health	a. Who took the	action?	
r to Public Safety	First Nan	ne Last Name	Title
ship Related to ic Research			De
ments	Add Row	V	
nt	b. What action o	did they take?	
on			
n	c. When did this	action occur?	
		discover this action?	
	e What addition	nal facts support your allogat	ion of gross mismanagement?
	6. What aduition	iai iacis support your allegat	ion or gross mismanagement:
		Add Anothe Mismanagem	



Do not use this form to submit classified information. For instructions or questions, call the Disclosure Unit at (202) 804-7000.

ATES OF				
vigation Bar	G	ross waste of fund	le	Delete the Gross
Add / Delete a Complaint	G	1055 Waste of fulld	3	Waste of Funds Claim Below
port Government	a.	Who took the action?		
ongdoing (Disclosure)		First Name	Last Name	Title
oout Filing a Disclosure				De
graphical Information	ļ			
ils of Your Disclosure		Add Row		
t Your Disclosures	b.	What action did they	take?	
Disclosure				
tion of Law,Rule, or lation	C.	When did this action o	occur?	
Mismanagement	d.	How did you discover	this action?	
Waste of Funds				
of Authority	0	Mhat additional facts	aupport vour allogatio	on of gross waste of funds?
r to Public Health	С.	What additional facts	support your allegation	in or gross waste or funds:
er to Public Safety				
rship Related to fic Research			Add Another Gr Waste of Funds 0	
nents			Tracto or ramac	
nt	Al	buse of authority		Delete the Abuse of Authority Claim Below
ation	a.	Who took the action?		,
on		First Name	Last Name	Title
				Del
		Add Row		
	b.	What action did they	take?	
	C.	When did this action o	occur?	
	d.	How did you discover	this action?	
	e.	What additional facts	support your allegation	on of abuse of authority?

Add Another Abuse of Authority Claim



Do not use this form to submit classified information. For instructions or questions, call the Disclosure Unit at (202) 804-7000.

Navigation Bar

■ Add / Delete a Complaint

Report Gover	nment
Wrongdoing ((Disclosure)

About Filing a Disclosure

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Details of Your Disclosure

Select Your Disclosures

Your Disclosure

Violation of Law, Rule, or Regulation

Gross Mismanagement

Gross Waste of Funds

Abuse of Authority

Danger to Public Health

Danger to Public Safety

Censorship Related to Scientific Research

Attachments

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Certification

Submission

Substantial and specific danger to public health

Delete the Substantial and Specific Danger to Public Health Claim Below

a. Who took the action?

b

C

d

е

	First Name	Last Name	Title
			Del
	Add Row		
).	What action did they	take?	
).	When did this action	occur?	
d.	How did you discove	er this action?	
€.	What additional fact to public health?	s support your allegation o	f substantial and specific danger

Add Another Substantial and Specific Danger to Public Health Claim

Substantial and specific danger to public safety

Delete the Substantial and Specific Danger to Public Safety Claim Below

a. Who took the action?

First Name	Last Name	Title
		Del

Add Row

b. What action did they take?

c. When did this action occur?

d. How did you discover this action?

e. What additional facts support your allegation of substantial and specific danger to public safety?



ATES OF					
Navigation Bar			Add Another	Substantial a	nd
■ Add / Delete a Complaint		S	pecific Danger t		
Report Government Wrongdoing (Disclosure)		Censorship related esearch	to scientific	Delete the	Censorship Related to Research Claim Below
About Filing a Disclosure		esearcn Who took the action	2	Scientific	Research Claim Below
Biographical Information	a.	First Name	Last Nan	ne	Title
Details of Your Disclosure					
Select Your Disclosures					De
Your Disclosure		Add Row			
Violation of Law,Rule, or Regulation	b.	What action did they	/ take?		
Gross Mismanagement					
Gross Waste of Funds	C.	When did this action	occur?		
Abuse of Authority	d.	How did you discove	er this action?		
Danger to Public Health					
Danger to Public Safety		What additional fact	a aupport vour al	agation of cons	sorship related to scientific
Censorship Related to Scientific Research	е.	research?	s support your an	egation of cens	orship related to scientific
Attachments					
Consent			Add Another Ce	nsorship Rela	ted to
Certification			Scientific F	lesearch Claim	1
Submission	1. Wh	nat action would you li	ike OSC to take?		
		PART 4: WHER ave also disclosed this None or not applicabl Inspector General of	s information to (complete all tha	et apply): Date:



Navigation Bar	a. Who did you contact?		
■ Add / Delete a Complaint	First Name:	Last Name:	
Report Government Wrongdoing (Disclosure)	Title:		
About Filing a Disclosure	Address:		
Biographical Information	-		
Details of Your Disclosure	Email Address:		
Select Your Disclosures	Telephone Number:		
Your Disclosure	Case ID #:		
Violation of Law,Rule, or Regulation	b. What is the status of the		
Gross Mismanagement	<u> </u>	lease specify):	
Gross Waste of Funds	Other office of department	/ agency involved (please specify):	
Abuse of Authority		Date:	
Danger to Public Health	Department of Justice	Date:	
Danger to Public Safety	Other Executive Branch / d	lepartment / agency (please specify):	
Censorship Related to Scientific Research		Date:	
Attachments	General Accounting Office	(GAO) Date:	
Consent	Congress or congressional	committee (please specify member or of Date:	committee):
Certification	Press / media (newspaper.	television, other) (please specify):	
Submission		Date:	
		TED BY AN OFFICE OF INSPECTOR (SENERAL
	head of the agency involved if	not to transmit allegations of wrongo f the agency's Office of Inspector Gen evestigating, the same allegations.	



Navigation Bar	ATTACUMENTO				
■ Add / Delete a Complaint	ATTACHMENTS				
Report Government Wrongdoing (Disclosure)	The attachments I added in the Prohibited Personnel Practices (PPP) section also apply to my disclosure.				
About Filing a Disclosure	I would like to add attachments specific to my disclosure.				
Biographical Information	ATTACH				
Details of Your Disclosure	Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the				
Select Your Disclosures					
Your Disclosure	action(s) at issue in your disclosure if these documents are relevant to your				
Violation of Law,Rule, or Regulation	allegations. To see the attachments that have been successfully added to your form, click on the				
Gross Mismanagement	paperclip icon in the dark gray panel on the far left side of your screen. Please				
Gross Waste of Funds	note that, if you print a copy of your form, the attachments will not print with it. However, any documents that appear in the paperclip panel will be transmitted				
Abuse of Authority	to OSC.				
Danger to Public Health					
Danger to Public Safety	<u>ATTACHMENTS</u>				
Censorship Related to Scientific Research	☐ I would like to attach documents to my disclosure.				
Attachments	Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have				
Consent	an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your				
Certification					
Submission	allegations.				
	To see the attachments that have been successfully added to your form, click on the paperclip icon in the dark gray panel on the far left side of your screen. Please note that, if you print a copy of your form, the attachments will not print with it. However, any documents that appear in the paperclip panel will be transmitted to OSC.				
	PART 5: CONSENT TO DISCLOSURE OF INFORMATION				
	* Denotes Required Fields Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*				
	☐ I consent to disclosure of my identity.				
	I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)				
	Next				



U.S. Office of Special Counsel

Navigation Bar CERTIFICATION ■ Add / Delete a Complaint * Denotes Required Fields I certify that all of the statements made in this complaint are true, complete, and Prohibited Personnel Practices (PPP) correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, Certification imprisonment, or both 18 U.S.C. § 1001 Submission BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed. and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505. OTHER INFORMATION: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING. REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC. If you would like to print and mail your complaint, please address it to: U.S. Office of Special Counsel 1730 M Street, NW Suite 218 Washington, DC 20036 **Next**

OSC Form-14 OMB No. 3255-0005



U.S Office of Special Counsel Form Submission

Navigation Bar

■ Add / Delete a Complaint

Prohibited Personnel Practices (PPP)

Certification

Submission

Before you submit your complaint to OSC, please take a moment to review the following **Pre-Submission Summary**.

PRE-SUBMISSION SUMMARY

COMPLAINT OF A HATCH ACT VIOLATION

Based on the information you entered in the preceding form, a complaint will be submitted to the Office of Special Counsel reporting alleged Hatch Act violation(s) involving a:

A list of documents attached appears at the bottom of this page. If you have not attached documents and would like to do so, or if you would like to attach more documents, please click <u>here</u> to return to that section of the form.

COMPLAINT OF PROHIBITED PERSONNEL PRACTICE

Based on the information you entered in the preceding form, the following Prohibited Personnel Practice(s) will be submitted to the Office of Special Counsel:

If you would like to include more allegations, please click <u>here</u> to return to the "Select Your PPPs" section of the form.

A list of documents attached appears at the bottom of this page. If you have not attached documents and would like to do so, or if you would like to attach more documents, please click <u>here</u> to return to that section of the form.

FILING A DISCLOSURE WITH OSC

Based on the information you entered in the preceding form, the following Disclosure(s) will be submitted to the Office of Special Counsel:

If you would like to include more disclosures, please click <u>here</u> to return to the "Select Your Disclosures" section of the form.

A list of documents attached appears at the bottom of this page. If you have not attached documents and would like to do so, or if you would like to attach more documents, please click here to return to that section of the form.

We find that you have successfully attached the following documents:

OSC Form-14 OMB No. 3255-0005



U.S Office of Special Counsel Form Submission

Navigation Bar

■ Add / Delete a Complaint

Prohibited Personnel Practices (PPP)

Certification

Submission

This form requests information that is relevant and necessary to review your allegations of agency wrongdoing, prohibited personnel practices, or other prohibited activity within OSC's jurisdiction. OSC encourages, but does not require, you to use this form to allege a Hatch Act violation or disclose agency wrongdoing. The U.S. Office of Special Counsel collects this information in order to process complaints alleging wrongdoing under its statutory and regulatory authority. Because your complaint or disclosure is a voluntary action, you are not required to provide any personal information to OSC in connection with your complaint or disclosure. However, OSC cannot process incomplete forms lacking necessary information.

ROUTINE USES: OSC uses the information it collects for official purposes. OSC needs some disclosure of information from its files to fulfill OSC's disclosure review, investigative, prosecutorial, and related responsibilities. OSC published descriptions of its routine uses for information in its files in the Federal Register (F.R.). OSC uses some information about your complaint or disclosure in depersonalized form for statistical purposes. Finally, OSC may disclose information from your file as required by law under the provisions of the Freedom of Information Act and the Privacy Act. See 5 U.S.C. §§ 552, 552a.

Once you click "Submit", any changes you make to this form will not be transmitted to OSC. However, you can amend or add information by contacting the attorney/investigator/examiner assigned to your complaint. You can contact that person by calling (202) 804-7000.

Please save a copy of your completed form before submitting.

Save

Once you have saved a copy, click the "Submit" button to submit your OSC Form 14.

Submit

OSC Form-14 OMB No. 3255-0005