



EEO efile [For NRC Employees Only]

BY SIGNING ON TO THIS SYSTEM YOU ARE AGREEING TO THE SITE'S SECURITY POLICY.

Sign On

Register

[Reset Password](#)

Welcome to the Nuclear Regulatory Commission's (NRC) eFile site. This website allows you to initiate contact with the NRC's Office of Small Business and Civil Rights, Civil Rights Program, in gaining information about the Equal Employment Opportunity (EEO) complaint process, and/or initiating the filing of an informal complaint by requesting EEO counseling online. You may submit information about your complaint and view the status of any EEO case that you originally created with eFile. Please note that if you are new to efile, you will need to register first, using the button above.

INFORMATION PROVIDED DURING THE EEO COMPLAINT PROCESS (INCLUDING EEO COUNSELING, ALTERNATIVE DISPUTE RESOLUTION, AND THE FORMAL COMPLAINT PROCESS) WILL BE KEPT CONFIDENTIAL TO THE GREATEST EXTENT POSSIBLE AND PERMITTED BY LAW, CONSISTENT WITH A THOROUGH AND IMPARTIAL INVESTIGATION.

Security Policy

I UNDERSTAND AND CONSENT TO THE FOLLOWING:

I am accessing a U.S. Government information system provided by the U.S. Nuclear Regulatory Commission (NRC) for U.S. Government-authorized use only, except as allowed by NRC policy. Unauthorized use of the information system is prohibited and subject to criminal, civil, security, or administrative proceedings and/or penalties.

USE OF THIS INFORMATION SYSTEM INDICATES CONSENT TO MONITORING AND RECORDING, INCLUDING PORTABLE ELECTRONIC DEVICES.

The Government routinely monitors communications occurring on this information system. I have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, the government may for any lawful government purpose monitor, intercept, search, or seize any communication or data transiting or stored on this information system.

Any communications or data transiting or stored on this information system may be disclosed or used in accordance with federal law or regulation.

REPORT ANY UNAUTHORIZED USE TO THE COMPUTER SECURITY INCIDENT RESPONSE TEAM (301-415-6666) AND THE INSPECTOR GENERAL.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission (NRC) on NRC Form 646. This information is maintained in a system of records designated as NRC-9 and described at 77 *Federal Register* 67210 (November 8, 2012), or the most recent *Federal Register* publication of the NRC's Systems of Records Notices that is located in NRC's Agencywide Documents Access and Management System (ADAMS).

1. **AUTHORITY:** 5 U.S.C. 2301, 2302; 29 U.S.C. 206(d), as amended; 29 U.S.C. 633a, as amended; 29 U.S.C. 791; 42 U.S.C. 1981; 42 U.S.C. 2000e-16, as amended; 42 U.S.C. 5891; Executive Order (E.O.) 11246; E.O. 11375, as amended by E.O. 11478; E.O. 12086, as amended by E.O. 12608; E.O. 13166; 10 CFR parts 4 and 5; 29 CFR part 1614.

2. **PRINCIPAL PURPOSE(S):** Filing of complaint of discrimination based on race, color, national origin, religion, gender, age, disability, or reprisal.

3. **ROUTINE USE(S):** Information may be furnished to Equal Employment Opportunity Commission, Office of Personnel Management, Merit Systems Protection Board, Department of Justice, Department of Education, Health and Human Services, Office of Management and Budget, and Congress, under applicable requirements. Information may be disclosed in accordance with any of the Routine Uses listed in the Prefatory Statement of General Routine Uses, including to an appropriate Federal, State, local or Foreign agency in the event the information indicates a violation or potential violation of law; in the course of an administrative or judicial proceeding; to an appropriate Federal, State, local and foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you; in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence; to a Congressional office to respond to their inquiry made at your request; to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis; or to appropriate persons and entities for purposes of response and remedial efforts in the event of a suspected or confirmed breach of data from this system of records.

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

which to determine if complaint is acceptable.

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

Paperwork Reduction Act Statement

Approved by OMB 3150-XXXX Expires MM/DD/YYYY
Estimated burden per response to comply with this voluntary collection request: 32 minutes. The information provided will be used to process informal Equal Employment Opportunity complaints filed against the NRC by an employee, former employee, or applicant for employment with the NRC, who believe that they have been subjected to discrimination based on race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, or genetic information. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (FLICB) (T6 A1 OM), U.S. Nuclear Regulatory Commission Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-XXXX), Office of Management and Budget, Washington, DC 20503. 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.



[Contact Us](#) [About Us](#)

EEO efile Registration

Identification Information

Account Information

Email Address

Password

Confirm Password

Accessibility Option

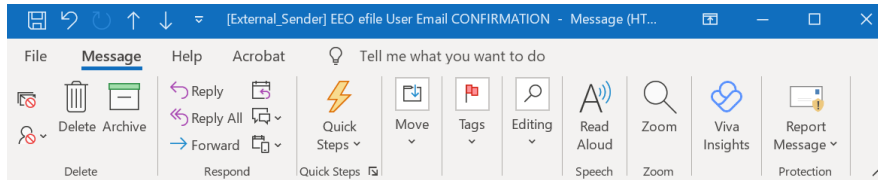
Enable Accessibility Enhancements [More Info](#)

Yes No


Register

Cancel

Your email address will be your Username. Once you click the



[External_Sender] EEO efile User Email CONFIRMATION

 Administrator Email <noreplies@micropact.com>
To  Deeds, Erin

Retention Policy 7 Year Deletion Policy (7 years)

Expires 1/16/2029

[Reply](#) [Reply All](#) [Forward](#) [...](#)

Tue 1/18/2022 6:19 AM

Please do not reply to this email, it is automatically generated. Your EEO efile account has been created and you will need to confirm your email before logging in. Click on, or copy and paste, the following link into your browser: <https://nrc-efile.entellitrak.com/efile-eeo-nrc-prod/page.request.do?page=com.micropact.eeo.file.component.registration.confirmation.page&token=0Eh4TdW5ANr>

Best Regards, The EEO Team

If you have any questions, please contact us at efileassistance@nrc.gov



EEO efile Registration

Your email has been confirmed.

OK



[Contact Us](#) [About Us](#)

Sign Out Help

NRC ETK EEO EFILE PROD 3.0.1 - erin.deeds@nrc.gov (eFiler)

HOME TRACKING INBOX

Home

MANAGEMENT

My Profile

QUICK LINKS



If you believe that you have been the victim of discrimination, you may submit an EEO Contact to our EEO Office. Your contact will be processed and if you determine that you want to enter the informal pre-complaint process and partake in counseling or Alternative Dispute Resolution (ADR), the EEO Processing Office will convert your contact to an Informal Pre-Complaint. To be timely with your Informal Pre-Complaint filing, you have 45 days from the day the alleged discrimination occurred to submit your initial EEO Contact with your workplace or where you applied for a job.

[Start New Submission](#)

Draft Submissions

Show 10 entries Search:

Last Saved On	Claim	Incident Date	Status
No data available in table			

Showing 0 to 0 of 0 entries Previous Next

Current Submissions

Show 10 entries Search:

Case Number	Date Filed
No data available in table	

Showing 0 to 0 of 0 entries Previous Next

HOME TRACKING INBOX

Home

If you believe that you have been discriminated against at work because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, or genetic information, you can submit an on-line request (called an "EEO Contact") for EEO counseling or mediation via this efile application.

The steps in the efile process are as follows:

- Step1:** Verify and Complete your personal information.
- Step2:** Select the Office involved in the alleged discrimination.
- Step3:** Add Alleged Responsible Management Official (RMO) responsible for the action that has caused you to file this EEO Contact.
- Step4:** Select Counseling and Mediation Options.
- Step5:** Provide information on any Grievance or Appeal filing(s) on the same issue (if any).
- Step6:** Add Your Representative's Information (if any).
- Step7:** Enter Claim (details of alleged discrimination).
- Step8:** Upload Supporting Documentation (if any).
- Step9:** Acknowledge Rights and Responsibilities.
- Step10:** View EEO Contact Summary and Submit.

If you have all the necessary information, click on the **Continue to First Step of efile Submission** button at the bottom of this page.

Note: To be timely in your submission, you must submit your EEO Contact within 45 days of the incident or awareness of the incident (or the effective date of the action in the case of personnel actions).

Continue to First Step of efile Submission Cancel

HOME TRACKING INBOX

Tracking inbox > Submission > New Filer Information

Please verify your information will be sent as part of your efile submission.

Submission Filer Information

Personal Information

Salutation Title Date Of Birth (mm/dd/yyyy)

First Name * Race Required if claiming age as a basis.

Middle Name Gender

Last Name * Suffix

Employment Information

Pay Plan Occupation

Grade Employee Type

Step

Series Must be four digits (e.g. : 0001).

Contact Information

Primary Email Home Phone - -

Alternate Email Work Phone - - ext

Please provide an email address where you would prefer to receive email.

Country United States * Personal Cell Phone - -

Address Type * Work Cell Phone - -

Address Line 1 * City *

Address Line 2 State/Territory * ZIP Code *

Save & Next Save & Exit Cancel

Submission

Filer Information

Office

Select the office involved in the alleged discrimination.

Office NRC *

Save & Next Save & Exit Cancel

Submission

Filer Information

Office

Select the office involved in the alleged discrimination.

- Office NRC *
- Commission Staff Offices
 - NMSS
 - NRR
 - NSIR
 - OCHCO
 - OCIO
 - OE
 - OI
 - Region I
 - Region II
 - Region III
 - Region IV
 - RES
 - SBCCR
 - The Commission
 - The EDO
 - The Inspector General

Submission

Filer Information

Office

Alleged RMO

The Alleged Responsible Management Official (RMO) is the person you believe to be responsible for the action that has caused you to file this EEO Contact.

RMO First Name *

RMO Last Name *

RMO Job Title

RMO Email

RMO Work Phone - - ext

RMO Address

Country

Address Line 1

Address Line 2

City

State

ZIP Code

Save & Next Save & Exit I don't know the RMO Cancel

Submission
Filer Information
Office
Alleged RMO
Counseling & Mediation Options

Anonymity

If you chose to remain anonymous the EEO Counselor will not reveal your identity to other individuals unless you authorize the EEO Counselor to do so during the Informal Complaint process. Should you chose to file a formal complaint, you must give up your ability to remain anonymous.

Do you wish to remain anonymous for this complaint? Yes No

[Save & Next](#) [Save & Exit](#) [Cancel](#)

Submission
Filer Information
Office
Alleged RMO
Counseling & Mediation Options
Filing Disclosure

Grievance and Appeal Filing Disclosure

Have you filed a grievance on the same issue? Yes No *

If yes, enter the date filed. (mm/dd/yyyy)

Have you filed a Merit System Protection Board appeal on this issue? Yes No *

If yes, enter the date filed. (mm/dd/yyyy)

[Save & Next](#) [Save & Exit](#) [Cancel](#)

Submission
Filer Information
Office
Alleged RMO
Counseling & Mediation Options
Filing Disclosure
Representative

You have the right to obtain representation throughout the EEO process. However, a representative is not required and you may skip this step (using the button at the bottom)

Is your representative an Attorney? Yes No *

First Name *

Last Name *

Email

Home Phone - -

Work Phone - - ext

Personal Cell Phone - -

Work Cell Phone - -

Representative's Mailing Address

Country ▼

Address Line 1

Address Line 2

City

State ▼

ZIP Code

[Save & Next](#) [Save & Exit](#) [I don't have a Representative](#) [Cancel](#)

- Submission
- Filer Information
- Office
- Alleged RMO
- Counseling & Mediation Options
- Filing Disclosure
- Representative
- Claim

You must initiate counseling or contact with an EEO counselor within 45 days of the incident or awareness of the incident. In the case of personnel actions, you must initiate counseling or contact with an EEO counselor within 180 days from the effective date of action.

A **Claim** is an allegation of discrimination that specifies a **Claim Type**, Incident Date, and one or more Bases of prohibited discrimination. **Bases** of prohibited discrimination include Race, Color, Religion, Equal Pay (Male or Female), Sex (Male, Female, LGBT), Age (40+), National Origin, Physical and/or Mental Disability, Genetic Information, Pregnancy, or Reprisal (Retaliation) for your participation in protected EEO activity.

You may enter multiple claims for your submission, but please only select the basis or bases which apply to each individual claim. Please use the **Summary of Issue** field to describe what occurred and why you think it was discriminatory.

Claim Type *

Incident Date (mm/dd/yyyy) *

Basis/Bases for Claim *

Note: Only select the Basis/Bases that apply to this claim.

- Age
- Color
- Disability - Mental
- Disability - Physical
- Genetics
- Pregnancy Discrimination Act
- Religion
- Reprisal

National Origin

Race

Sex

Equal Pay Act

- NON EEO
- Marital Status
 - Parental Status
 - Political Affiliation
 - No Basis Specified

*Note: If you need more space than is allowed in the fields for **Summary of Issue** and **Remedy Requested**, please use the next step: **Supporting Documentation** to upload your information*

Summary of Issue *

(2000 characters max)

Remedy Requested *

(2000 characters max)

- [Save & Add Another Claim](#)
- [Save & Next](#)
- [Save & Exit](#)
- [Cancel](#)

- Submission
- Filer Information
- Office
- Alleged RMO
- Counseling & Mediation Options
- Filing Disclosure
- Representative
- Claim
- Supporting Documentation

You may upload a maximum file size of 50.00 MBs.

Document # 1

File [Browse](#) *

File Update Date 01/18/2022

- [Save & Next](#)
- [Save & Exit](#)
- [I don't have any Supporting Documentation](#)
- [Cancel](#)

Submission
Filer Information
Office
Alleged RMO
Counseling & Mediation Options
Filing Disclosure
Representative
Claim
Supporting Documentation
Rights & Responsibilities

NOTICE OF AGGRIEVED RIGHTS AND RESPONSIBILITIES

This is to notify you that you have the following rights and responsibilities regarding the processing of your potential complaint. It is important that you understand each of these as they might affect the way in which your complaint is processed.

Please click the link to access the document:

By checking this box, I acknowledge that I have been informed of and have read and understand my rights and responsibilities.

[Save & Next](#) [Save & Exit](#) [Cancel](#)

Submission
Filer Information
Office
Alleged RMO
Counseling & Mediation Options
Filing Disclosure
Representative
Claim
Supporting Documentation
Rights & Responsibilities
Summary

Verify the information below. Once you submit, you will not be able to edit it, so please be sure all information is correct.

If you need to make changes, use the side-bar buttons on the left to navigate the information you would like to change.

FILER INFORMATION ^

Personnel Information ^

Salutation Title
 First Name: Erin
 Last Name: Deeds
 Suffix
 Pay Plan
 Series
 Occupation
 Employee Type

Demographic Information ^

Gender
 Race
 Date of Birth: 07/07/1980

Contact Information ^

Primary Email: erin.deeds@nrc.gov
 Alternate Email
 Address Type: Work
 Address Line 1: 11545 Rockville Pike
 Address Line 2
 City: Rockville
 State: Maryland
 ZIP Code: 20854
 Home Phone
 Work Phone
 Personal Cell Phone
 Work Cell Phone

OFFICE ^

Office: SBCR

ALLEGED RMO(s) ^

RMO First Name: Test
 RMO Last Name: Tes
 RMO Job Title:
 RMO Email:
 RMO Work Phone:
 Address Type: Work
 Address Line 1:
 Address Line 2:
 City:
 State:
 ZIP Code:

COUNSELING & MEDIATION OPTIONS ^

Anonymous: No

GRIEVANCE & APPEAL FILING DISCLOSURE ^

Previous Grievance: No

Date:

MSPB Appeal: No

Date:

REPRESENTATIVE ^

CLAIM ^

Claim Type: Appointment/Hire

Incident Date: 01/17/2022

Basis/Bases: Age

Summary of Issue: test

Remedy Requested: test

SUPPORTING DOCUMENTATION ^

Document #	File	File Update Date
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[Submit](#) [Exit without Submitting](#)