OMB No:

PAPERWORK REDUCTION ACT BURDEN STATEMENT

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays valid OMB control number. The public reporting burden for this voluntary collection of information is estimated to average 1 hour per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the U.S. Department of Transportation, Departmental Office of Civil Rights, S-34, 1200 New Jersey Avenue, SE., Washington, DC 20590



U.S. Department of Transportation

INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION FORM INSTRUCTIONS

(Read the following instructions carefully before you complete this form.)
(Please complete all items on the complaint form.)

GENERAL: This form should be used only if you, as an applicant for employment with the Department of Transportation, or as a present or former Department of Transportation employee:

- believe you have been discriminated against because of your race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age (40 years or older at the time of the event giving rise to your claim), physical or mental disability, equal pay/compensation, genetic information, or believe that you have been retaliated against for participating in activities covered under the Equal Employment Opportunity statutes; and
- 2) have presented the matter for informal resolution to an EEO Counselor within **45-calendar days** of the event giving rise to your claim, or within **45-calendar days** of first becoming aware of the alleged discrimination.

<u>IMPORTANT NOTE:</u> In certain situations, the information provided in Part III of the attached complaint form may be used in lieu of an affidavit in the investigation of your complaint. Accordingly, the information you provide in this part should be brief, clear, and complete.

<u>WHEN TO FILE:</u> In accordance with 29 C.F.R. § 1614.106, your formal complaint must be filed within **15-calendar days** of the date you received the Notice of Right to File a Discrimination Complaint form from your EEO Counselor. You must sign and date your complaint. If you are represented <u>by an attorney</u>, the attorney may sign the complaint on your behalf.

These time limits may be extended: 1) if you show that you were not notified of the time limits and were not otherwise aware of them, or 2) if you were prevented by circumstances beyond your control from submitting the matter within the time limits, or 3) for other reasons considered sufficient by the Department.

REPRESENTATION: You may have a representative of your own choosing at all stages of the processing of your complaint. However, your representative will be disqualified if such representation would conflict with the official or collateral duties of the representative. No EEO Counselor or EEO Officer may serve as a representative. (Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)

WHERE TO FILE: The complaint should be filed with the Associate Director, Equal Employment Opportunity Complaints and Investigations Division (S-34), Departmental Office of Civil Rights, 1200 New Jersey Avenue, S.E., W76-401, Washington, DC 20590. Filing instructions are contained in the Notice of Right to File a Discrimination Complaint form which was provided by your EEO Counselor. Keep a copy of the completed complaint form for your records.

(PLEASE ALSO READ THE PRIVACY ACT STATEMENT ON THE REVERSE SIDE)

PRIVACY ACT STATEMENT

- 1. **FORM NUMBER/TITLE DATE**: Department of Transportation Form Number 1050-8, Individual Complaint of Employment Discrimination with the Department of Transportation.
- 2. <u>AUTHORITY</u>: 42 U.S.C. 2000e; 29 U.S.C. 633a; PL 95-062 as amended; 5 U.S.C. 1303 and 1304; 5 C.F.R. 5.2 and 5.3; 29 C.F.R. 1614.105 and 1614.107; and Executive Order 11478, as amended.
- 3. PRINCIPAL PURPOSES: The purpose of this complaint form, whether recorded initially on the form or taken from a letter from the Complainant, is to record the filing of a formal written complaint of employment discrimination with the Department of Transportation on the grounds of race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age, physical or mental disability, genetic information, or reprisal, and to reach a decision on the complaint. Information provided on this form will be used by the Department of Transportation to determine whether the complaint was timely filed and whether the claims in the complaint are within the purview of 29 C.F.R. Part 1614, and to provide a factual basis for investigation of the complaint.
- 4. **ROUTINE USES**: Other disclosures may be:
 - a. to respond to a request from a Member of Congress regarding the status of the complaint or appeal;
 - b. to respond to a court subpoena and/or to refer to a district court in connection with a civil suit:
 - c. to disclose information to authorized officials or personnel to adjudicate a complaint or appeal;
 - d. to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.
- 5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION: Formal complaints of employment discrimination must be in writing, signed by the Complainant (or attorney representative), and must identify the parties and action or policy at issue. Failure to comply may result in the Department of Transportation dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

DETACH AND KEEP THIS PAGE WHEN YOU FILE YOUR COMPLAINT

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Working Bett	er Together

DEPARTMENT OF TRANSPORTATION

FOR OFFICE USE ONLY
DED A DEMENTE CACE MUMBED
DEPARTMENT CASE NUMBER
FILING DATE
FILING DATE

INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION WITH THE DEPARTMENT OF	FILING DATE			
TRANSPORTATION				
PART I COMPLAINANT	TIDENTIFICATION INFORMATION			
1. Name (Last, First, Middle Initial):	5. Name and Address of Organization Where You Work (If a Department of Transportation Employee):			
2. Telephone/Fax (Include Area Code):				
Home: Fax:	Office and Staff Symbol:			
Work: Fax:	Street Address:			
E-Mail: 3. Present Home Address (You must notify the Departmental Office of Civil Rights of any changes to your address while the complaint is pending, or your complaint may be dismissed):	City: State: Zip Code: 6. Employment Status in Relation to this Complaint:			
Street Address	-			
City State Zip Code 4. If you are a current or former employee of the Federal government, list your most recent title, series, and grade. Title Series Grade	□ Applicant □ Probationary □ Career/Career Conditional □ Former Employee □ Date Last Employed at Department □ Retired □ Date of Retirement □ Other □ Specify □ Iaint are true, complete, and correct to the best of my knowledge and			
Signature of Complainant or ATTORNEY Repre				
	ATION OF REPRESENTATIVE			
8. You may represent yourself in this complaint or you may choose someone to represent you. Your representative does not have to be an attorney. You may change your designation of a representative at a later date, but you must notify the Departmental Office of Civil Rights immediately in writing of any change, and you must include the same information requested in this Part.				
"I hereby designate	(Please Print Name) to serve as my			
	derstand that my representative is authorized to act on my behalf.			
9. Representative's Mailing Address:	10. Representative's Employer (If Federal Agency):			
Firm/Organization	11. Representative's Telephone/Fax (Include Area Code):			
Street Address	Telephone: Fax:			
City: State 7in Code	12. SIGNATURE of Complainant (or ATTORNEY) DATE			

PART III ALLEGED DISCRIMINATORY ACTIONS						
13. Name and Address of Agency/office that took the action at issue (if different than item 5.)			14. If your complaint involves non-selection for a position, please complete the following:			
Office and Organizational Component		- -	osition Title	Series	Grade	
Stree	t Address	ľ	osition Title	Series	Grade	
City	State Zip Code	$-\left \overline{\mathbf{v}}_{i} \right $	acancy Announcement No.	Date Learn selection	ned of Non-	
15.	Mark below ONLY the basis(es) you believe were relie	d on t	o take the actions described in #17	·.		
□ Race (Specify)			□ Mental Disability (Specify)	_		
□ Co	olor (State Complexion)		□ Physical Disability (Specify) _			
□ Re	ligion (Specify)		□ Equal Pay/Compensation (Sp	ecify)		
	x (Gender, Sexual Harassment, Pregnancy, Sexual rientation, Gender Identity, or Transgender Status)		☐ Genetic Information (Specify)		
			□ Retaliation (Date(s) of prior	EEO Activity) _		
□ N	ational Origin (Specify)					
□ A ;	ge (Date of Birth)					
16.	Mark below ONLY the claim(s) you believe were relie	d on to	take the actions described in #17	•		
	1. Appointment/Hire		14. Reassignment			
			A. Denied B. Directed			
	2. Assignment Of Duties		15. Reasonable Accommodatio – Disability	n		
	3. Awards		16. Reinstatement			
	4. Conversion To Full-Time		17. Religious Accommodation			
	5. Disciplinary Action	\perp	18. Retirement			
	A. Demotion		10. Retirement			
	B. Reprimand					
	C. Suspension D. Termination					
	E. Other					
	6. Duty Hours		19. Sex Stereotyping (LGBT- related discrimination only)			
	7. Evaluation/Appraisal		20. Telework			
	8. Examination/Test		21. Termination			
	9. Harassment A. Non-Sexual B. Sexual C. Hostile Work Environment (non-sexual)		22. Terms/Conditions Of Employment			
	D. Hostile Work Environment (sexual)					

	10. Medical Examination		23. Time And Attendance
	11. Pay Including Overtime		24. Training
	12. Performance Evaluation/ Appraisal		25. Other
$\overline{\Box}$	13. Promotion/Non-Selection		
17. (A) Describe the action taken against you that you believe was discriminatory; (B) Give the date the action occurred, and the name of each person responsible for the action; (C) Describe how you were treated differently than other employees or applicants because of your race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age (40 years or older), disability (mental and/or physical), genetic information, or in retaliation for your participation in the EEO complaint process or opposition to alleged discriminatory practices; (D) indicate what harm, if any, came to you in your work situation as a result of this action. (You may attach extra sheets.)			
18.	What remedial or corrective action are you seeking?		
	PART IV EEO CO	UN	SELOR CONTACT
	When did the most <u>recent</u> discriminatory event occur?		When did you receive your Notice of Right to File a scrimination Complaint?
Mon	th Day Year		
20 3	W	_	onth Day Year
	When did you first become aware of the alleged imination?		On this same matter, have you filed a grievance or appeal der:
uisci	Month Day Year	un	uci.
21.	When did you contact an EEO Counselor?		- Negotiated Grievance procedures VES NO
<u> </u>	u. D 37		- Agency grievance procedure YES NO
Mont	th Day Year Did you discuss ALL actions raised in item 17 with an	-	- MSPB appeal procedure YES NO
	Counselor?	Tf v	you filed a grievance or appeal, provide date filed, case
	e, explain on attached sheet)		mber, and present status.
	Name and Telephone number of EEO Counselor		•
-	Name Telephone No.		