



**Federal Communications Commission
Office of Workplace Diversity**

OMB Control No. 3060-1237
Estimated Time Per Response: 3.5 hours
[Month] 2022

FORMAL COMPLAINT OF DISCRIMINATION

1. NAME OF COMPLAINANT <i>(Last, First, Middle Initial)</i>			2. COMPLAINT TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Class	
3a. HOME PHONE NO.	3b. WORK PHONE NO.	3c. MOBILE PHONE NO.	4. ADDRESS <i>(Include City, State, and ZIP Code)</i>	
3d. PRIMARY EMAIL		3e. SECONDARY EMAIL		
5a. ARE YOU BEING REPRESENTED? <input type="checkbox"/> a. Yes (Complete 5b and 5c) <input type="checkbox"/> b. No			5c. ADDRESS, PHONE NUMBER AND EMAIL OF REPRESENTATIVE	
5b. IF YES, NAME OF REPRESENTATIVE				
6a. ARE YOU CURRENTLY A FEDERAL EMPLOYEE <input type="checkbox"/> a. Yes (Complete 6b and 6c) <input type="checkbox"/> b. No			6c. ADDRESS OF YOUR CURRENT POSITION	
6b. TITLE AND GRADE OF YOUR CURRENT POSITION			7. DATE ON WHICH MOST RECENT ALLEGED DISCRIMINATION OCCURRED	
8a. NAME OF INDIVIDUAL(S) YOU BELIEVE DISCRIMINATED AGAINST YOU			8b. SPECIFY BUREAU/OFFICE/DIVISION OF INDIVIDUAL(S) NAMED IN 8a.	
9. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check Below).				
<input type="checkbox"/> a. RACE (State your Race) _____			g. AGE <input type="checkbox"/> (Specify Age) _____	
<input type="checkbox"/> b. COLOR (State your Color) _____			h. DISABILITY <input type="checkbox"/> Mental <input type="checkbox"/> Physical	
<input type="checkbox"/> c. RELIGION (State your Religion) _____			i. GENETIC INFORMATION: <input type="checkbox"/> Genetic Testing <input type="checkbox"/> Family Medical History <input type="checkbox"/> Genetic Services	
<input type="checkbox"/> d. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Orientation <input type="checkbox"/> Gender Identity			k. REPRISAL <input type="checkbox"/>	
<input type="checkbox"/> e. PREGNANCY _____				
<input type="checkbox"/> f. NATIONAL ORIGIN (State your National Origin) _____				

10a. I HAVE DISCUSSED MY COMPLAINT WITH AN EQUAL EMPLOYMENT OPPORTUNITY (EEO) COUNSELOR AND/OR OTHER EEO OFFICIAL

Date of First Contact with EEO Office: _____

10b. NAME OF EEO COUNSELOR: _____

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10c. DATE OF INITIAL INTERVIEW: _____

10d. DATE OF RECEIPT OF NOTICE OF FINAL INTERVIEW WITH EEO COUNSELOR/RIGHT TO FILE: _____

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

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

13. LIST THE NAMES OF YOUR WITNESSES AND THE FACTUAL INFORMATION EACH WITNESS WILL BE EXPECTED TO CONTRIBUTE THROUGH HIS/HER TESTIMONY TO THE INVESTIGATION OF YOUR COMPLAINT.

14a. HAS/HAVE THE MATTER(S) LISTED IN ITEM 12 BEEN APPEALED TO THE MERIT SYSTEM PROTECTION BOARD OR FILED UNDER THE NEGOTIATED GRIEVANCE PROCEDURE? Yes No

14b. If yes, provide date of appeal or filing and attach a copy of the appeal or filing _____

15. REMARKS (Use space to provide additional information)

16. SIGNATURE OF COMPLAINANT	17. DATE OF THIS COMPLAINT (<i>Month, Day, Year</i>)	
DATE RECEIVED IN EEO OFFICE	NAME OF EEO REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE

FCC Form 5622

PRIVACY ACT STATEMENT:

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

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

3. Routine Uses: Information contained in this form is available to other individuals when necessary and appropriate under 5 U.S.C. § 552a(b) of the Privacy Act, including: to the appropriate federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order, where the disclosing agency becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation; to another federal agency, to a court, or to a party in litigation before a court or in an administrative proceeding being conducted by a federal agency when the government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from that congressional office made at the request of that individual; to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee; in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding; to officials of state or local bar associations or disciplinary boards or committees when they are investigating complaints against attorneys in connection with their representation of a party before EEOC; to a Federal agency in the executive, legislative, or judicial branch of government, in response to its request information in connection with the hiring of an employee, the issuance of a security clearance, the conducting of a security or suitability investigation of an individual, the classifying of jobs, or the lawful statutory, administrative, or investigative purpose of the agency to the extent that the information is relevant and necessary to the requesting agency's decision; to employees of contractors engaged by an agency to carry out the agency's responsibilities under 29 CFR part 1614; to potential witnesses as appropriate and necessary to perform the agency's functions under 29 CFR part 1614; to facilitate statistical research, audit or investigative matters; and, to appropriate agencies, entities, and persons when the FCC suspects or has confirmed that there has been a breach of information related to OWD.

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