

OFCCP Public Intake Form

About the OFCCP Public Intake Form

Thank you for reaching out to the Office of Federal Contract Compliance Programs (OFCCP). To learn more about OFCCP, please read our mission statement. If you want to ask a question or need assistance with the laws enforced by OFCCP, please click "Next" to proceed to the OFCCP Public Intake Form. OFCCP is available to help federal contractors meet their equal employment opportunity goals and to help applicants and employees understand their employment rights.

OFCCP's Mission Statement

OFCCP's mission is to protect workers, promote diversity and enforce the law. OFCCP holds those who do business with the federal government (contractors and subcontractors) responsible for complying with the legal requirement to take affirmative action and not discriminate on the basis of race, color, sex, sexual orientation, gender identity, religion, national origin, disability, or status as a protected veteran. In addition, contractors and subcontractors are prohibited from discharging or otherwise discriminating against applicants or employees who inquire about, discuss or disclose their compensation or that of others, subject to certain limitations. For more information about OFCCP, please visit our website with the Frequently Asked Questions at <https://www.dol.gov/agencies/ofccp/faqs>.

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Paperwork Reduction Act Notice

The Paperwork Reduction Act of 1995 provides that no person is required to respond to a Federal collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 2.5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Responding to this form voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference OMB Control Number 1225-0088. Please do **not** return the completed form to this address.

Please select the state or territory in which you reside or the state or territory where the company you have a question or inquiry about is located.

*Select State/Territory

*

Next

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While we need to collect some personal information to assist you, please be advised that should your question result in any contact with the employer, your identity will remain anonymous.

Contact Information

First Name

Last Name

Home Zip Code

*Preferred Contact Method

Email

Phone

*Email

Phone

Employer Information

Company Name

Street Address

*State/Territory – The state or territory will be populated with the selection made by the inquirer.

American Samoa ▼

*County

Please Select ▼

Not sure about the county name? Find it on Census.gov

City

Workplace Zip Code

*Please Provide a Description of Your Question or Situation (Minimum of 10 characters)

*Required Fields

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