



Before you submit a USERRA or Veterans' Preference claim to VETS, please be sure you are familiar with the laws and procedures that apply to these types of claims. If you need more information about USERRA or Veterans' Preference before submitting your claim, please go to the VETS "elaws" sites: the [USERRA Advisor](#) and/or the [Veterans' Preference Advisor](#)

## Section A: Claimant Information

### 1. Name:

Last Name \*

First Name \*

Middle Initial

### 2. Address ?

Address Type ?

Domestic  International  APO/FPO/DPO

Address Search ?

Street

Address Line 2

City

State/Territory \*

Zip Code

3. Email ? \*

4. Cell Phone ?

5. Home Phone ?

6. Social Security Number ?

7. Have you served, or are you actively serving in the uniformed services? \*

Yes  No  Unknown

8. Do you have a military service-connected disability? \*

Yes  No  Unknown

9. What type of claim are you filing? ? \*

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## Section B: Employer Information

1. Are you currently employed? \*

Yes  No

2. Is the employer that is the subject of your claim your current employer? ? \*

Yes  No

3a. Name of the employer that is the subject of your claim ? \*

3b. Type of Employer ? \*

4. Title of the Position or Occupation That is Related to Your Claim (the job that you either now hold, or applied for, with this employer) \*

5a. Pay Rate ?

5b. Pay Basis ?

5c. Does this position receive compensation for overtime or commissions?

Yes  No

6a. Dates of Employment ?

FROM:

TO:

6b. Date of Application or Interview ?

7. Address ?

Address Type ?

Domestic  International  APO/FPO/DPO

Address Search ?

Street \*

Address Line 2

City \*

State/Territory \*

Zip Code \*

8a. Principal Employer Representative(PER) Name ?

8b. PER Title ?

8c. PER Type ?

9. PER Email Address ?

10a. PER Phone Number ?

10b. Extension ?



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## Section C: USERRA Eligibility

1. Have you been separated or discharged from the uniformed services? \*

Yes  No  Unknown

2. Uniformed Service Branch Related to Claim ?

--Select Uniformed Service Branch Related to Claim--

3. Character of Service Upon Discharge or Separation ?

--Select Character of Service Upon Discharge or Separation--

4a. Uniformed Service Dates ? FROM:

mm/dd/yyyy

TO:

mm/dd/yyyy

4b. Examination or Rejection Date ?

mm/dd/yyyy

### USERRA Eligibility Questions

Responses are required for 5a through 5i

5a. I was denied reemployment/reinstatement into my proper position after returning from uniformed service. \*

Yes  No

5b. I was denied proper reemployment/reinstatement after returning from uniformed service due to a disability that was incurred or aggravated during that period of uniformed service. \*

Yes  No

5c. I was denied initial employment based on my uniformed service membership; or application, obligation, or performance of uniformed service. \*

Yes  No

5d. I lost or was terminated from employment based on my membership, application, or obligation to perform uniformed service. \*

Yes  No

5e. I was denied one or more benefits of employment based on my membership, application, or obligation to perform uniformed service. \*

Yes  No

5f. I was retaliated against for taking an action or enforcing a protection afforded to someone else covered under USERRA. \*

Yes  No

5g. I was retaliated against for testifying or making a statement in connection with a USERRA investigation or proceeding. \*

Yes  No

5h. I was retaliated against for my participation in another USERRA investigation or proceeding, other than making a statement or testifying. \*

Yes  No

5i. I was retaliated against for initiating a previous investigation or proceeding to protect my USERRA rights. \*

Yes  No

Note: Read each statement and select "Yes" if that situation applies to your claim. If none of the statements apply to your claim, contact VETS at [vetscompliance@dol.gov](mailto:vetscompliance@dol.gov) for assistance.



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## Section D: USERRA Claim Information

1a. Was the Employer Support of the Guard and Reserve (ESGR) involved in handling your claim? \*

Yes  No

Indicate if ESGR was involved in handling your complaint before filing this Form 1010 claim with VETS.

2. Select the checkbox for each benefit of employment that was lost or affected by your uniformed service.

2a. Status

2b. Pay Rate

2c. Seniority

2d. Pension

2e. Promotion

2f. Vacation/Leave

2g. Health Benefits

Health Benefits Issue

2h. Other Non-Seniority Benefit(s)

Description  0/256

2i. Other

Description  0/256

*If your claim involves reemployment following uniformed service, answer the following questions:*

3. Was notice of uniformed service provided to your employer? [?](#)

Yes  No

4. How was the notice provided to your employer? [?](#)

Written  Oral  Both

5a. Who provided the notice to your employer? [?](#)

Self  Other

5b. Notice Provider's Name

Name

6. Date that notice was provided to your employer? [?](#)

mm/dd/yyyy

7. Date applied for reemployment

mm/dd/yyyy

8a. Were you Reemployed or Reinstated? [?](#)

Yes  No

8b. Date Reemployed/Reinstated? [?](#)

mm/dd/yyyy

8c. Reemployed/Reinstated to Proper Position? [?](#)

Yes  No

8d. Reemployed/Reinstated with Correct Pay? [?](#)

Yes  No

8e. Date of Denial? [?](#)

mm/dd/yyyy

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## Section E: Veterans Preference/VEOA Eligibility Information

### 1. Type of Claim \*

Hiring  Reduction-in-Force (RIF)

### 2. Position Job Series

XXXX 0/4

### 3. Pay Schedule

XX 0/2

### 4. Pay Grade

Pay Grade 0/50

### 5. Federal Agency / Department Name \*

Select Agency Name

### 6. Have you been separated or discharged from the uniformed services? \*

Yes  No

### 7. Character of Service Upon Discharge or Separation

Select a Discharge or Separation option

Select the appropriate choice(s) that best describes how you were discharged or separated.

### 8. Most Recent Branch of Uniformed Service \*

Select a Branch of Service

Select the branch of service that you are, have been, or will be a member of

### 9. Uniformed Service Dates:

From

mm/dd/yyyy

To

mm/dd/yyyy

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## Section F: VP/VEOA Federal Hiring Claim Information

### 1. Vacancy Announcement Number

### 2. Announcement Type \*

Open Competitive (VP)  Merit Promotion (VEOA)  Unknown

### 3. Preference/Eligibility Claimed During Application \*

### 4a. Vacancy Open Date :



### 4b. Vacancy Close Date :



### 5. Application Date :



### 6. Date of Decision, Notice, or Non-Selection :



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## Section G. VP Reduction in Force (RIF) Claim Information

### 1. Position Title from SF-50

0/100

### 2. Veteran's Preference from SF-50

### 3. Tenure from SF-50

### 4. Veteran's Preference for RIF from SF-50

Yes  No

### 5. Position Occupied from SF-50

0/100

### 6. FLSA Category from SF-50

0/100

### 7. Date of Most Recent SF-50

### 8. Date Notified of RIF

### 9. Date of RIF or Proposed RIF



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## Section H. Claimant Demographic Information

### 1. Do you have a non-service-connected disability?

Yes  No

### 2. Date of Birth

### 3. Ethnicity

### 4. Race (Select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Other
- Native Hawaiian or Other Pacific Islander
- White

### 5. Sex (Select One that Applies)

- Female
- Male





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## Section I: USERRA Remedies

1. List the Remedy(ies) you are seeking for any USERRA Reemployment/Reinstatement related issue(s).

*Reemployment/Reinstatement Remedies*

0/4000

2. List the Remedy(ies) you are seeking for any USERRA Rights and Benefits related issue(s).

*Rights and Benefits Remedies*

0/4000

3. List the Remedy(ies) you are seeking for any USERRA Discrimination related issue(s).

*Discrimination Remedies*

0/4000

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## Section J: Comments

### Comments

Comments

Explain your claim in detail. For Explanations above 20000 Characters, see Document Upload. 0/20000 characters.

> *Please provide a description with the Document Uploaded. Additional Documents can be Uploaded via Related Action.*

| Document   | Comment                              | Remove  | Add Document  |
|--|--------------------------------------|---|---|
| <input type="button" value="UPLOAD"/>  Drop file here | <input type="text" value="Comment"/> |  |  |



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## Statements And Signature

### K. Punishment for Unlawful Statements

The information provided in this complaint will be utilized by the U.S. Department of Labor, Veterans' Employment and Training Service (VETS) to initiate an investigation of alleged violations of the Uniformed Services Employment and Reemployment Rights Act (USERRA), Title 38, USC, §§ 4301-4335; and/or the laws and regulations relating to veterans' preference in Federal employment, including 5 USC § 3330a-3330c, and eligibility for Federal employment described in the VEOA. Potential claimants should keep in mind that it is unlawful to "knowingly and willfully" make any "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Accountability Act of 1996 by a fine and/or imprisonment of not more than 5 years. 18 USC § 1001.

### L. Paperwork Reduction Act Statement

The OMB control number for this collection is 1293-0002 and expires on April 30, 2023. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number.

Collection of this information is authorized by 38 USC § 4326(a) and 5 USC § 3330a(b)(2). The obligation to respond to this collection is required to initiate a USERRA or VP/VEOA investigation. We estimate it takes about 45 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Please send comments regarding the burden estimate or any other aspect of this collection of information to the Veterans' Employment and Training Service, 200 Constitution Ave NW, Room 5-1325, Washington DC 20210 or [VETSCompliance@dol.gov](mailto:VETSCompliance@dol.gov) and reference OMB control number 1293-0002.

### M. Privacy Act Statement

The primary use of this information is by staff of the Veterans' Employment and Training Service in investigating cases under USERRA, or the laws and regulations relating to VP or VEOA in Federal employment. Disclosure of this information may be made to: a Federal, state or local agency for appropriate reasons; in connection with litigation; and to an individual or contractor performing a Federal function. Furnishing the information on this form, including your Social Security Number, is voluntary. However, failure to provide this information may jeopardize the Department of Labor's ability to provide assistance or complete an investigation of your complaint.

### N. Notification of Claimant's Rights

For claims arising under USERRA, a person has a right to commence an action for relief directly against the employer in the appropriate federal district court (in the case of a complaint against a State or private employer), pursuant to 38 USC § 4323(a)(3), or the Merit Systems Protection Board (in the case of a complaint against a Federal executive agency or the Office of Personnel Management), pursuant to 38 USC § 4324(b).

For claims arising under VP or VEOA, a person may file a complaint with the Secretary of Labor within 60 days after the date of the alleged violation, pursuant to 5 USC § 3330a(a). The Secretary shall investigate the complaint under 5 USC § 3330a(b), and, if unable to resolve the complaint within 60 days, the Secretary will notify the person of the results of the investigation, pursuant to 5 USC § 3330a(c). The person may appeal to the Merit Systems Protection Board on or after the 61st day after the complaint was filed with the Secretary, but not later than 15 days after the person receives notification from the Secretary of the results of the investigation, pursuant to 5 USC § 3330a(d).

### O. Certification and Signature

By my signature I certify that the above information is true and correct to the best of my knowledge and belief. I authorize the U.S. Department of Labor to contact the employer identified in Section B or any other person with information concerning this claim. I further authorize my employer or any other person to release such information to the U.S. Department of Labor. Pursuant to 5 USC, § 552a(b) of the Privacy Act, I authorize the U.S. Department of Labor, the U.S. Department of Veterans Affairs, and the U.S. Department of Defense to release information and records necessary for the investigation and prosecution of my claim.

Signature Date

mm/dd/yyyy

Agree and accept

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SAVE COMPLETE AND SIGN