

**U.S. Department of Labor
 Veterans' Employment and Training Service
 USERRA/VP/VEOA Claim Form**

Instructions

This form may be used to submit claims to the U.S. Department of Labor (DOL), Veterans' Employment and Training Service (VETS) for potential violations covered under the Uniformed Services Employment and Reemployment Rights Act (USERRA) or the laws and regulations relating to Veterans' Preference (VP) or the Veterans' Employment Opportunities Act (VEOA) in Federal employment.

Claimants who wish to submit a USERRA or VP claim directly to VETS may do so at <https://vets1010.dol.gov/>

Claimants who wish to file a claim using this form, must file the form by email, fax, or mail. Claims filed by email must be sent to **VETS1010@dol.gov**. Claims filed by fax must be sent to **(404) 562-2313**. Instructions for mailing a printout of this form may be found on the VETS USERRA/VP/VEOA Form 1010(a).

Instructions for completing this form can be found on the VETS USERRA/VP Form 1010(a). For additional assistance, contact us at VETSCompliance@dol.gov

Section A. Claimant Information

1a. Last Name		1b. First Name		1c. Middle Initial	
2a. Street Address				2b. City	
2c. State		2d. Country		2e. Zip/Postal Code	
3. Email Address			4. Cell Phone Number		5. Home Phone Number
6. Social Security Number		7. Have you served, or are you serving in a uniformed service covered by USERRA? Yes <input type="checkbox"/> No <input type="checkbox"/>			
8. Do you have a military service-connected disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			9. What type of claim are you filing?		

Section B. Employer Information

1. Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		2. Is the employer that is the subject of your claim your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3a. Name of the current, prospective, or former employer that is the subject of your claim.				3b. Type of Employer	
4. Title of the Position or Occupation Related to Your Claim (the job that you either now hold, used to hold, or applied for, with this employer)					
5a. Pay Rate		5b. Per		5c. Does this position receive compensation for overtime or commissions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6a. Dates of Employment From: _____ To: _____			OR	6b. Date of Application/Interview	
7a. Street Address				7b. City	
7c. State		7d. Country		7e. Zip/Postal Code	
8a. Principle Employer Representative (PER) Name			8b. PER Title		8c. PER Type
9. PER Email Address			10a. PER Phone Number		10b. Extension

Section I. Claimant Demographic Information

1. Do you have a non-service-connected disability?		2. Date of Birth	3. Sex (Select the one that applies)	
Yes	No		Female	Male

4. What is your race and/or ethnicity? (Select all that apply and enter additional details in the spaces below)

American Indian or Alaskan Native - Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

Asian - Provide details below

Chinese	Asian Indian	Filipino
Vietnamese	Korean	Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

Black or African American - Provide details below

African American	Jamaican	Haitian
Nigerian	Ethiopian	Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

Hispanic or Latino - Provide details below

Mexican	Puerto Rican	Salvadoran
Cuban	Dominican	Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

Middle Eastern or North African - Provide details below

Lebanese	Iranian	Egyptian
Syrian	Iraqi	Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

Native Hawaiian or Pacific Islander - Provide details below

Native Hawaiian	Samoan	Chamorro
Tongan	Fijian	Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

White - Provide details below

English	German	Irish
Italian	Polish	Scottish

Enter, for example, French, Swedish, Norwegian, etc.

Section J. Comments/Notes

1. Enter any other notes or comments regarding your claim that you feel are necessary to process and assign your claim to an investigator.

Section 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.

Section L. Paperwork Reduction Act Statement

The OMB control number for this collection is 1293-0002 and expires on XX/XX/XXXX. 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 § 4322(b) and 5 USC § 3330a(a)(2)(B). The obligation to respond to this collection is required to obtain benefits and 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 S-1325, Washington, DC 20210 or VETSCompliance@dol.gov and reference OMB control number 1293-0002.

Note: If this form can only be submitted by mail, please see instructions for submission by mail in the VETS USERRA/VP Form 1010(a).

Section 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 veterans' preference 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.

Section 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/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).

Section 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.

1. Signature

2. Date