Complaint of Discrimination

National Aeronautics and Space Administration

Individual and class complaints of employment discrimination and retaliation prohibited by Title VII (discrimination on the basis of race, color, religion, sex and national origin), the ADEA (discrimination on the basis of age when the aggrieved individual is at least 40 years of age), the Rehabilitation Act (discrimination on the basis of disability), the Equal Pay Act (sex-based wage discrimination), GINA (discrimination on the basis of genetic information), or the PWFA (discrimination on the basis of pregnancy, childbirth, or related medical conditions). 29 CFR § 1614.103.

Form Approved
O.M.B.
No. 2700-0163
Expires: xx/xx/xxxx

NPD 3713.6, Delegation of Authority to Act in Matters Pertaining to Discrimination Complaints Under 29 C.F.R. Part 1614.

1. Complainant's Full Name

Street Address, RD Number, or Post Office Box Number

City, State and Zip Code

2. Your Telephone Number *(including area code)*

Home _____

Work _____

Cell *(optional)* _____

E-mail

3. Which Office Do You Believe Discriminated Against You?

a. Street Address of Office

b. City, State and Zip Code

4. Name of Agency Where You Work

a. Title and Grade of Your Current Job

b. Current Work Address

c. City, State and Zip Code

5. Date on Which Most Recent Alleged Discrimination Took Place *(mm/dd/yyyy)*

6. Check Below Why You Believe You Were Discriminated Against *(Check All That Apply)*

- ☐ Race *(State Race)* _____
- ☐ Color *(State Color)* _____
- ☐ Religion *(State Religion)* _____
- ☐ Sex *(State Sex)* ☐ Male ☐ Female
- ☐ Sex-based Wage Discrimination
- ☐ Pregnancy, Childbirth, or Related Medical Conditions
- ☐ Age *(State Month and Year of Birth)* _____
- ☐ National Origin *(State National Origin)* _____
- ☐ Disability
- ☐ Genetic Information
- ☐ Retaliation
- ☐ Class Complaint

7. Explain how you believe you were discriminated against (treated differently from other employees or applicants) because of race, color, religion, sex, national origin, age, disability, sex-based wage discrimination, genetic information, retaliation, or pregnancy, childbirth, or related medical conditions (29 CFR § 1614.103). Do not include specific issues or incidents that you have not discussed with your EEO Counselor.

8. What Corrective Action Do You Want Taken on Your Complaint?

9. Does the Complainant Have a Representative? ☐ YES ☐ NO

Representative Information (if applicable)

10. Have you filed a grievance (negotiated or agency) or appealed to the MERIT SYSTEMS PROTECTION BOARD (MSPB) on this matter(s)?		☐ YES ☐ NO	
11a. I have discussed my complaint with an Equal Employment Opportunity Counselor and/or other EEO Official.		b. Name of Counselor	
Date of first contact with EEO office *(mm/dd/yyyy)*	Date of receipt of final interview from EEO Counselor *(mm/dd/yyyy)*		☐ I Have Not Contacted an EEO Counselor
12. Date of This Complaint *(mm/dd/yyyy)*	Signature		

Your formal complaint must be submitted in writing, signed and filed within 15 calendar days of your receipt of the Notice of Right to File a Formal Complaint. It must be filed via email, mail, or fax at:

Director, Complaints Management Division
Room 6F24
NASA Headquarters
300 E Street SW
Washington, DC 20546-0001
hq-dl-EO-complaints-Programs-Division@mail.nasa.gov
FAX: (202) 358-2829

A complaint shall be deemed timely filed if it is received or postmarked before the expiration of the 15 calendar day filing period, or, in the absence of a legible postmark, if it is received by mail within 5 calendar days of the expiration of the filing period.

Should you have any questions or concerns, or desire to speak with a representative from the Complaints Management Division, please contact our office directly at 202.358.2180.

INSTRUCTIONS (READ CAREFULLY)

1) This form should be used only if you, as the applicant for NASA employment or as a NASA employee, think you have been discriminated against because of race, color, religion, sex, national origin, age, disability, sex-based wage discrimination, genetic information, retaliation, or pregnancy, childbirth, or related medical conditions (29 CFR § 1614.103) by NASA and have presented the matter for informal resolution to an Equal Employment Opportunity (EEO) Counselor within 45 calendar days of the date the incident occurred or, if a personnel action, within 45 calendar days of its effective date.
2) Your complaint shall be filed within 15 calendar days of the date of receipt of the Final Interview and Notice of Right to File Complaint letter from the EEO Counselor.
3) Your written complaint should be filed by you or your designated representative with the Complaints Management Division via email at hq-dl-eo-complaints-programs-division@mail.nasa.gov, via fax at (202) 358-2829, or via mail to Complaints Management Division, Room 6F24, NASA Headquarters, 300 E Street SW, Washington, DC 20546-0001. Your formal complaint must be signed and dated by you or your designated representative. You or your representative may contact us by phone at 202.358.2180.
4) You may have a representative of your own choosing at all stages of the processing of your complaint.
5) If your complaint is accepted, you may have an opportunity to attempt settlement of your complaint through the Agency's Alternative Dispute Resolution (ADR) mediation program.
6) If your complaint is accepted, you may have an opportunity to attempt settlement of your complaint through the Agency's Alternative Dispute Resolution (ADR) mediation program.
7) After the investigation of your complaint has been completed, you will be given a copy of the investigative report and notified of your right to request a hearing from an Equal Employment Opportunity Commission (EEOC) Administrative Judge (AJ) using the EEOC Public Portal at https://publicportal.eeoc.gov or a final decision without a hearing from the Office of Equal Opportunity.
8) If you request a hearing, you will have an opportunity to seek discovery. The discovery and the hearing will be administered by an EEOC AJ. The hearing will be held at a convenient time and place. At the hearing, you may present witnesses and any other evidence on your behalf.
9) If a hearing is held, the final decision will be made by the AJ. You will be furnished with a copy of the transcript of the hearing, a copy of the findings, analysis and decision of the AJ.
10) If you are not satisfied with the agency's final action, you will have the right to appeal that decision within 30 calendar days of its receipt. You shall file your appeal with EEOC's Office of Federal Operations, P. O. Box 77960, Washington, DC 20013. Or you may file a civil action in a Federal District Court within 90 calendar days of receipt of the final decision, if no appeal is filed. If you elect to file an appeal with the EEOC, you may still file a civil action in a federal court within 90 calendar days of the EEOC's decision on appeal. The EEOC encourages you to use the EEOC Public Portal at https://publicportal.eeoc.gov to file your appeal. For individuals who are Deaf and Hard of Hearing, you can reach EEOC by videophone at 1-844-234-5122. If you have a disability which prevents you from accessing the Public Portal or you otherwise have difficulty with accessing the portal, please call 1-800-669-4000.
11) You may also file a civil action in an appropriate Federal District Court if you have not received a final decision within 180 calendar days of filing your complaint with NASA, or if you have not received a final decision from EEOC within 180 calendar days of filing your appeal.

PRIVACY ACT STATEMENT

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the following statement is furnished to individuals requesting or supplying information to file a formal complaint of discrimination against NASA.

Authority: The Rehabilitation Act of 1973, as amended (29 U.S.C. § 791 et seq.), and Title II of the Genetic Information Nondiscrimination Act of 2008. Records collected through this process are maintained under the Government wide Equal Employment Opportunity Commission System of Records Notice EEOC GOVT 1, Equal Employment Opportunity in the Federal Government Complaint and Appeal Records.

Purpose: The principal purpose for collecting this information is to obtain the details necessary to process, investigate, adjudicate, and track complaints of discrimination.

Routine Uses: Records collected through this form may be disclosed as described in the Government wide Equal Employment Opportunity Commission System of Records Notice EEOC GOVT 1 (Equal Employment Opportunity in the Federal Government Complaint and Appeal Records), available at https://www.federalregister.gov/d/2016-27702 , including disclosures to EEOC officials, agency management, investigators, adjudicators, and other entities authorized by law. Information is shared only on a need-to-know basis and handled in accordance with the Privacy Act.

Disclosure: Providing this information is voluntary; however, failure to furnish required information may delay or prevent NASA's ability to process your complaint.

"This form becomes CUI//SP-PERS when filled in."

PAPERWORK REDUCTION ACT STATEMENT

The public burden to complete this information collection is estimated at 30 minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining data needed, and completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to rachael.c.myerly@nasa.gov. Current information regarding this collection of information - including all background materials - can be found at https:/www.reginfo.gov/public/do/PRAMain using the search function to enter either the title of the collection or 2700-0163.