*FAS Office of Civil Rights* **1400 Independence Ave., SW, Room 4069-S Washington, D.C. 20250** **Office: (202) 720-7233 TTY: (202) 720-1228 Fax: (202) 720-2658**

# EEO COMPLAINT INTAKE FORM

Name of Complainant: _____

Home Address: _____

_____ _____ _____
City State Zip

(_____)_____ (_____)_____ _____
Home Phone Cell Phone Email Address

Employing Agency:_____ Job Title/Series/Grade:_____

Employment Status: (circle all that apply) Permanent Part-Time Intermittent Schedule A Schedule B Probationary Other (explain):_____

Work Address: _____ Work Phone: (____)_____

_____ _____ _____
Room Number City/State Zip

Responding Official:

Name of Counselor: Phone Number: ( )

Date of Most Recent Incident: Date of Initial Contact:

***Please check all that apply***

**EEO BASIS (ES)**

| | |
|---|---|
| | Age (specify date of birth): |
| | Color |
| | Disability (Mental) |
| | Disability (Physical) |
| | Equal Pay Act |
| | Genetic Information |
| | National Origin (specify): |
| | Pregnancy |
| | Race(s), (specify): |
| | Religion (specify): |
| | Reprisal (for prior EEO activity) |
| | Sex (specify): |

| **NON-EEO BASIS(ES)** | |
|---|---|
| | Marital Status |
| | Parental Status |
| | Political Affiliation |
| | Sexual Orientation |

**ISSUE(S)**

| | |
|---|---|
| | Appointment/Hire |
| | Assignment of Duties |
| | Awards |
| | Conversion to Full Time |
| | Disciplinary Action (specify): |
| | Duty Hours |
| | Evaluation/Appraisal |
| | Examination/Test |
| | Harassment (Non-Sexual) |
| | Harassment (Sexual) |
| | Medical Examination |
| | Pay (including overtime) |
| | Promotion/Non-Selection |
| | Reasonable Accommodation |
| | Reassignment (specify): |
| | Reinstatement |
| | Retirement |
| | Terms and Conditions of Employment |
| | Termination |
| | Time and Attendance |
| | Training |
| | OTHER (specify): |

**EEO COMPLAINT STATEMENT**

**Name:** _____ **Date:** _____

1. Statement of problem:

2. Statement of pertinent facts (please include approximate dates):

3. Possible solutions:

4. Relief Request: