

WAIVER OF ANONYMITY

I understand I have the right to remain anonymous during the pre-complaint stage of the EEO complaint process and unless I give my permission the EEO Counselor must make every effort to protect my identity.*

By signing this form, I am voluntarily electing to waive my right to remain anonymous, and authorize the EEO Counselor to reveal my name to the alleged responsible official (RMO) and witnesses who must be interviewed during pre-complaint counseling.

Aggrieved Party

Date

* Your right to anonymity will end if you make a threat (direct or perceived) of violence or suicide or disclose any type of harassment, including sexual harassment, or child abuse, or domestic violence. The Counselor is required to report such disclosures to the appropriate authorities.

Aggrieved Party

Date