

Agency File No.: _____
(To be completed by EEO Official)



National Institutes of Health

OFFICE OF EQUAL OPPORTUNITY AND DIVERSITY MANAGEMENT DIVISION OF COMPLAINTS MANAGEMENT AND RESOLUTION

Phone: **301-496-1551**

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Pre-Complaint Intake Form

For Aggrieved Persons (AP) wishing to begin the EEO complaint process, this form should be completed in its entirety

I. Date aggrieved person elected to begin the pre-complaint process:

(The 30 calendar day EEO counseling period (or as extended by agreement of the AP) commences when the AP first contacts the EEO Counselor or the EEO office, and exhibits an intent to begin the EEO process. (See EEO MD-110, Chapter 2, VI.,C. para 2.)

Initial Contact Date: _____

Date of the Most Recent Incident: _____

II. (a) AP's Full Name:

(b) Position Title, Pay Plan, Series, Grade/Step:

(e.g. Management Analyst, GS-343-12/4)

Work Address: _____

Office/Division/Branch: _____

(c) AP's Unique Identifier:

Month of Birth _____

Day of Birth _____

Year of Birth _____

Last Four Digits of SSN _____

(d) AP's Employment Status:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Commissioned Corps |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Student Intern |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Fellow |
| <input type="checkbox"/> Title 42 | <input type="checkbox"/> Former Employee |
| <input type="checkbox"/> Title 38 | <input type="checkbox"/> Applicant |
| <input type="checkbox"/> Other: _____ | |

(e) Bargaining Unit:

YES or NO

(Please refer to item #37 on your latest SF-50; 8888=NO; anything other than 8888=YES.)

(f) Organization alleged to have discriminated against AP

Institute/Center/Region/Bureau _____

Office: _____

Division/Branch: _____

City, State, Zip Code: _____

Work E-mail Address: _____

(g) AP's Home Address
(Do not accept P.O. Box)

Street Address: _____

Apartment No. (if applicable): _____

City: _____

State: _____

Zip Code: _____

Home E-mail Address: _____

(h) AP's Work Phone No.:

(i) AP's Home Phone No.:

III. AP's Supervisor: (or if applicant, selecting official's name, where vacancy occurred)

(a) Full Name: _____

(b) Position Title: _____

(c) Area Code – Phone Number:

(d) Area Code – Fax Number:

(e) Organization: _____

Center/Region/Institute/Bureau: _____

Office/Division/Branch: _____

Mail Stop Code: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

(f) E-mail address: _____

If Applicant, Vacancy Number of Position Applied for:

IV. AP's Representative:
(Do not accept P.O. Box)

Full Name: _____

Street Address: _____

Apartment No. (if applicable): _____

City: _____

State: _____

Zip Code: _____

Area Code – Phone Number:

E-mail Address: _____

V. Basis(es): (Please check all that apply below.)

1. **Sex** (Please select appropriate box) (Including sexual harassment and equal pay act)

Male Female

Sexual Orientation (DHHS Policy dated December 6, 1993. The EEOC does not have jurisdiction over claims of sexual orientation discrimination. The NIH OEODM will issue a Final Agency Decision. Appeal rights to the Director of HHS EEO.)

2. **Color** (Pertains to skin color.)

3. **Disability:** **Physical** **Mental**

4. **National Origin** (Discrimination because of an individual's or his/her ancestors' place of Origin.)

Hispanic

Other: _____

5. **Age** (This basis applies if AP is 40 year of age older.)

Date of Birth (Provide only if age is selected as a basis) _____

6. **Religion** (The nature of a practice or belief. The phrase religious practice as used in 29 CFR part 1605.1, includes religious observances and practices.)

Specify: _____

7. **Race**

American Indian or Alaska Native, specify Tribe: _____ Asian Pacific Islander Native Hawaiian Black
 White Two or More Race (list): _____

9. **Retaliation/Reprisal** (If AP selects this basis, please provide additional information below.)

Specify _____

AP filed an informal complaint - Date Filed: _____

AP filed a formal complaint - Date Filed: _____

AP sought assistance from the Union regarding an EEO matter – Date: _____

AP opposed an unlawful discriminatory practice or policy – Date opposed: _____

Explain the unlawful discriminatory practice opposed: _____

AP was a witness in an EEO proceeding/matter. Case Name, No., Date: _____

N/A: AP does not feel that they have been discriminated against on any of the bases indicated above.
(AP understands that not stating a basis could possibly result in a dismissal, if he/she proceeds with a formal complaint.)

VIII. Responsible Management Officials (RMOs)/Witnesses:

(Provide full names, position titles, and phone numbers of the management officials who allegedly engaged in the discriminatory action(s) being reviewed and witnesses who would have first hand knowledge of the discrimination.)

RMOs

- (1) Name: _____
Position/Title: _____
Phone # (including area code): _____
- (2) Name: _____
Position/Title: _____
Phone # (including area code): _____
- (3) Name: _____
Position/Title: _____
Phone # (including area code): _____

WITNESSES

- (1) Name: _____
Position/Title: _____
Phone # (including area code): _____
- (2) Name: _____
Position/Title: _____
Phone # (including area code): _____
- (3) Name: _____
Position/Title: _____
Phone # (including area code): _____

IX. Remedy or Resolution Requested:

(What remedies is the AP requesting in order to settle the issues at hand or to withdraw this pre-complaint?)

- (1) _____
- (2) _____
- (3) _____

X. Related EEO/Grievance/Appeal Action:

Has the AP pursued any of the claims he/she is raising in *this* pre-complaint?

- (a) in a previous or current EEO complaint? Yes No
- (b) in a previous or current negotiated grievance: Yes No
- (c) in a previous or current appeal to the Merit Systems Protection Board? Yes No

(d) If A/P answered yes to any of the questions above (a-c), please list **case #**, **dates** and provide information regarding the **status** of each complaint, grievance or appeal.

Case # _____ Date: _____ Status: _____

XI. Election between traditional EEO Counseling and Alternative Dispute Resolution (ADR)/Mediation:

AP wishes to officially begin the EEO complaint process at this time – TRADITIONAL EEO COUNSELING
AP's Initials: _____

Anonymity: AP has the right to remain anonymous at the pre-complaint stage of the EEO counseling process.
Does (s)he wish to remain anonymous? (In some instances, please be aware that anonymity may be impracticable.)

Yes, AP wishes to remain anonymous, (AP understands this may limit the possibility of resolution.)
AP's Initials: _____

No, AP waives the right to remain anonymous. AP gives permission for his/her name to be used when contacting the Responsible Management or Settlement Officials.
APs Initials: _____

Alternative Dispute Resolution (ADR) – MEDIATION PROCESS

ADR elected – AP is interested in participating in the Mediation process. (Date and AP's Initials: _____)

ADR declined – AP declines to participated in the Mediation process (Date and AP's Initials: _____)

Please provide a brief statement regarding the reason you declined to participate in ADR:

The AP's election to proceed through counseling or ADR is final. (EEO MD-110, Chapter 2, Part VII. A)

Privacy Act Statement – Authority: 42 U.S.C. 2000e-16 et seq and 29 CFR 1614.106.

Principle Purpose: Informal and formal taking of allegation of discrimination because of race, color, national origin, religion, sex, age, disability or retaliation.

Routine Uses: This form and the information on this form may be used: (a) as a data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts and may be used to respond to general requests for information under the Freedom of Information Act: (b) to respond to requests from legitimate outside individuals or agencies (e.g. Members of Congress, The White House, the Equal Employment Opportunity Commission, or Federal Courts) regarding the status.

Attachments:

Representation Form

Aggrieved Person's Rights & Responsibilities