

**JOINT STAFF EEO/DIVERSITY OFFICE**  
**COMM. 757-203-5456 or 703-692-2471**  
**EEO INTAKE FORM**

[EEO Office Use Only]

INITIAL CONTACT DATE: \_\_\_\_\_

JCS DOCKET #: \_\_\_\_\_

**FROM THE DESK OF: Joint Staff Equal Employment Opportunity Officer (EEOO)**

It is your right to file an EEO Complaint. However, EEO laws only protect you against EMPLOYMENT ACTIONS when it involves unfair treatment/harassment because of your race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability, genetic information, and in reprisal because you complained about job discrimination, or engaged in the EEO discrimination complaint administrative process, investigation, or lawsuit.

Our office operates as a neutral office. We do not take sides in your dispute. Our sole purpose is to assist in resolving your dispute as quickly as possible at the lowest level possible. Therefore, our office will always advise and counsel you on the various options (Workplace ADR, Administrative Grievance, Union Grievance, Merit System Protection Board (MSPB), or direct communication with normally inaccessible managers) to resolve your dispute quickly and at the lowest level.

**Please note:** allegations of discrimination must be brought to the attention of an EEO official within **45 calendar days** of the alleged action or within **45 calendar days** of becoming aware of the dispute being discriminatory.

1. Once you make contact, expressing a clear intent to file a complaint with this office, process time is valuable. During Traditional Counseling, which only allows for 30 calendar days (includes weekends) or up to 90 calendar days with a signed extension or if you elect Alternative Dispute Resolution (ADR).

2. For your knowledge and understanding:

(a) As the assigned EEO Counselor/Specialist:

1. I am a neutral party (making no judgment on the merits of your complaint)
2. I am required to educate you on EEO and the complaint process
3. I am tasked to gather facts sufficient to assist in resolution of this matter
4. I am required to build a record in the event the matter cannot be resolved at the informal/Pre-Complaint stage.

3. This is **your** complaint. You and you alone (representation by an attorney is the exception) are responsible for ensuring you are responding to our request(s) in a timely (within 2-3 days of receipt of request) manner. Your responsibilities are (not all inclusive):

(a) Exhibiting a willingness to resolve the issue at the “lowest possible level” by:

1. Attending appointment(s);
2. Timely responding to electronic information/document request; and
3. Being open to a compromised resolution.

Again, **timeliness is essential** to the Complaint process. To ensure our office/staff provide you professional efficient and effective customer service, we need your full cooperation.

**A. COMPLAINANT INFORMATION:**

1. Name: \_\_\_\_\_ UIC: \_\_\_\_\_  
JS: DOM/J1/J2/J3/J4/J5/J6/J7/J8 (circle as appropriate)
2. DO YOU WISH TO REMAIN ANONYMOUS (Only during Informal Stage):  Yes  No
3. HAVE YOU SPOKEN/FILED WITH:
- (a) Union  Yes  No Date: \_\_\_\_\_ POC: \_\_\_\_\_  
mm/dd/yyyy
- (b) Human Resource  Yes  No Date: \_\_\_\_\_ POC: \_\_\_\_\_  
mm/dd/yyyy
- (c) Supervisor/Manager  Yes  No Date: \_\_\_\_\_ POC: \_\_\_\_\_  
mm/dd/yyyy
- (d) MSPB  Yes  No Date: \_\_\_\_\_ POC: \_\_\_\_\_  
mm/dd/yyyy
4. Race \_\_\_\_\_ DOB: \_\_\_\_\_  
mm/dd/yyyy
5. Series/Grade: Series \_\_\_\_\_ Grade \_\_\_\_\_
6. Current Organizational Position: \_\_\_\_\_
7. Name of current command/department: \_\_\_\_\_
8. Work Contact Information:  
Work Phone Number (include area code): \_\_\_\_\_  
Work Email: \_\_\_\_\_
9. Home Contact Information:  
Address: \_\_\_\_\_  
Home/Cell Phone Number (include area code): \_\_\_\_\_  
(\*indicate preferred contact number)  
Home Email: \_\_\_\_\_
10. Name of position held at the time of the alleged dispute: \_\_\_\_\_
11. Command you are filing this claim against: \_\_\_\_\_
12. Are you represented by:  Attorney  Union  Other: Specify \_\_\_\_\_  Pro Se (No representative)
- Representative's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Contact Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**B. COMPLAINT INFORMATION:**

1. Date(s) incident(s) occurred/you became aware of discrimination:

\_\_\_\_\_

2. Individual(s) you believe is/are responsible for the discriminatory action:

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

3. Please identify the basis(es) for your EEO complaint (check only those that apply):

NO BASIS IDENTIFIED

If you have checked, "no basis identified," would you be interested in a referral for information about Alternative Dispute Resolution (ADR) for non-EEO related workplace disputes.  Yes  No

Race – American Indian/Alaskan Native (Not Hispanic or Latino)

Race – Black/African American (Not Hispanic/Latino)

Race – Native Hawaiian/Pacific Islander (Not Hispanic/Latino)

Race – White (Not Hispanic/Latino)

Race – Hispanic/Latino

Race – Two/More: \_\_\_\_\_

Race – Asian (Not Hispanic or Latino)

National Origin: \_\_\_\_\_

Color: \_\_\_\_\_

Sex: Male / Female / Other: \_\_\_\_\_

Age (DOB): \_\_\_\_\_  
mm/dd/yyyy

Disability – Mental: [Specific name of disability] \_\_\_\_\_

Disability – Physical: [Specific name of disability] \_\_\_\_\_

Reprisal [Protected activity and Date]: \_\_\_\_\_

Protected Genetic Information: \_\_\_\_\_

Religion: \_\_\_\_\_

Equal Pay Act – (EPA)

Sexual Orientation: [Specific issue] \_\_\_\_\_

4. Please identify the issue(s) for your EEO complaint (check only those that apply):

[Provide Effective Date (mm/dd/yyyy) of action for any disciplinary/termination/reassignment/reinstatement/appointment/hire/promotion/non-selection/assignment of duties]

Disciplinary – Suspension Date: \_\_\_\_\_

Disciplinary – Removal Date: \_\_\_\_\_

Disciplinary – Reprimand Date: \_\_\_\_\_

Disciplinary – Demotion Date: \_\_\_\_\_

Disciplinary – Other: [Type]: \_\_\_\_\_ / Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Harassment – Non-Sexual Date: \_\_\_\_\_

Harassment – Sexual Date: \_\_\_\_\_

Evaluation/Appraisal Date: \_\_\_\_\_

Promotion /Non-Selection Date: \_\_\_\_\_

Reasonable Accommodation Denied Date: \_\_\_\_\_

Appointment/Hire Date: \_\_\_\_\_

Time and Attendance \_\_\_\_\_

Training Date: \_\_\_\_\_

Award(s) \_\_\_\_\_

Reassignment – Denied Date: \_\_\_\_\_

Reassignment – Directed Date: \_\_\_\_\_

Assignment of Duties Date: \_\_\_\_\_

Reinstatement Date: \_\_\_\_\_

Medical Examination Date: \_\_\_\_\_

Pay Including Overtime

Conversion to Full-Time Date: \_\_\_\_\_

Examination – Test Date: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

Duty Hours

Terms – Conditions of Employment – Specify term(s): \_\_\_\_\_

Prior EEO activity – Specify activity: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_

**(USE NUMBERED SEPARATE SHEET(S) AS REQUIRED TO RESPOND TO BELOW QUESTIONS)**

5. **In detail**, tell us what happened including specific date(s), event(s), or incident(s), which you believe, are acts of discrimination. Name the **individual(s)** you believe were responsible for each incident(s), event(s), or incident(s), if different. Tell us the **harm** you have suffered because of each incident(s), event(s), or incident(s).
  
6. Describe, **in detail**, the **remedy** you believe would resolve **your** issue(s). (Please attach documentation in your possession that supports and/or relate to your issue(s).)
  
7. Identify **witnesses** who have **direct** knowledge, if any, of the issue(s) by name, full address, and telephone numbers for each witness. Indicate the nature of information the witness will be providing.

**PRIVACY ACT STATEMENT FOR EEO COMPLAINT PROCESSING**

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL 93-579), which requires that Federal agencies must inform individuals who are requested to furnish information about themselves as to certain facts regarding the information requested below.

**AUTHORITY.** The Joint Staff's discrimination complaint procedure is authorized by 42 USC 2000E-16, the Equal Employment Act of 1972.

**PRINCIPAL PURPOSE.** The information requested on the EEO Intake sheet is needed to establish the case records and to assist assigned EEO personnel in the processing of your complaint.

**ROUTINE USES.** The EEO Intake Sheet and the information furnished therein will be used by EEO personnel in the performance of their official duties related to the processing of the complaint. In addition, it may be used when needed by investigators, hearing examiners or by representatives of the Office of Personnel Management, Department of Justice, Equal Employment Opportunity Commission, Agency counsels and the courts concerned with the processing of discrimination complaints and appeals cases, should you subsequently file a formal EEO complaint.

**MANDATORY OR VOLUNTARY DISCLOSURE.** The information you provide is entirely voluntary and will be protected in accordance with the policies, procedures, and safeguards adopted under the Privacy Act. If you do not furnish the information requested on the form there will be no adverse consequences to you; however, failure to furnish the information could result in limiting any action which could be taken in resolving your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date