

INFORMATION CONCERNING DISCRIMINATION COMPLAINT PROCESSING UNDER TITLE 29 CFR PART 1614

Directions: Closely read pages 1 and 2 prior to completing Form 180 on pages 3 and 4.

1. **COMPLAINANTS AND INFORMAL RESOLUTION:** This form is for your use if you are a federal employee, former employee or an applicant for federal employment and believe you have been discriminated against because of your race, color, religion, sex, national origin, age (*40 and above*), disability, and/or reprisal. Before filing a formal complaint, you must first have presented the matter for informal resolution to an Equal Employment Opportunity (EEO) counselor within 45 CALENDAR DAYS of the date of the alleged discriminatory event, the effective date of an alleged discriminatory personnel action or the date you knew or reasonably should have known of the discriminatory event or personnel action.
2. **COMPLAINT DEADLINE AND CONTENT:** Your formal complaint must be filed within 15 CALENDAR DAYS from the date you receive notice of right to file a discrimination complaint from the EEO counselor. It must contain a signed statement from you or your attorney identifying your name, the agency and describe generally the action(s) or practice(s) that form the basis of your complaint. It must also contain a telephone number and address where you or your representative can be reached.
3. **FILING EXTENSION:** The time limits for filing may be extended by the agency if you can show that you were not notified of the time limits or were not otherwise aware of them, or that you were prevented by circumstances beyond your control from submitting the matter within the time limits, or for other reasons considered sufficient by the agency.
4. **COMPLAINT PREPARATION:** If you need help in preparing your complaint, you may contact the agency's EEO office or the EEO counselor. You may also secure help from a representative of your choice.
5. **RECIPT FOR FILING:** A complaint is deemed filed on the date it is received, if delivered to an appropriate official, or on the date postmarked if addressed to an appropriate official designated to receive complaints.
6. **REPRESENTATION:** You may have a representative of your own choosing at all stages in the complaint process. You must notify the agency immediately if you retain a representative.
7. **ACKNOWLEDGEMENT OF COMPLAINT:** Your complaint or an amendment to your complaint will be acknowledged in writing.
8. **ALTERNATIVE DISPUTE RESOLUTION:** You can request alternative dispute resolution (ADR) anytime during the formal complaint process by contacting any representative of the EEO office processing your complaint. If the Equal Employment Manager agrees to offer you ADR, the ADR method used will be coordinated by the EEO Specialist processing your formal complaint.
9. **COMPLAINT DIMISSAL:** If your complaint, or any claim in the complaint, is dismissed on procedural grounds, you will receive a written notice of dismissal which will provide your rights to appeal and/or file a civil action concerning the dismissal.
10. **INVESTIGATION PROCESS:** If your complaint is accepted, it will be investigated by an investigator who is not under the jurisdiction of the head of that part of the agency in which the alleged discrimination took place. Based on information developed during the investigation, you will receive a copy of the investigative report and notice of (a) the right to request a hearing conducted by an Administrative Judge appointed by the U.S. Equal Employment Opportunity Commission (EEOC) who will render a decision to the agency, followed by a final action from the agency, or (b) the right to a complete review and final agency decision without a hearing. A request for a hearing must be made directly to the EEOC within 30 CALENDAR DAYS OF RECEIPT of the Report of Investigation and notice of rights. A request for a final agency decision without a hearing must be made to the EEO Office within 30 CALENDAR DAYS OF RECEIPT of the Report of Investigation and notice of rights.
11. **INVESTIGATION PERIOD:** The agency is required to conduct an impartial investigation of your complaint within 180 calendar days of the filing date, unless you agree in writing to extend the time period for up to an additional 90 calendar days. You will be notified if it becomes necessary to ask for your agreement to extend the investigation period beyond the initial 180 calendar day period. You are not obligated to agree to extend the investigation period. If the 180 calendar day investigation period has elapsed and you have not agreed in writing to an extension, you may either (a) request a hearing before an Administrative Judge appointed by the EEOC or (b) request a final agency decision or (c) elect to file a civil action in a U.S. District Court.
12. **COMPLAINT AMENDMENT:** You may amend a pending EEO complaint at any time prior to the conclusion of the investigation to add claims like or related to those raised in the complaint. After requesting a hearing, you may file a motion with the Administrative Judge to amend a complaint to include claims like or related to those raised in the pending complaint.
13. **SETTLEMENT:** If settlement is reached, the terms of the agreement will be reduced to writing and signed by all parties to the complaint. Copies will be provided to you and the management official(s) responsible for carrying out the settlement.
14. **FINAL DECISION:** If you fail to request a final agency decision, with or without a hearing, within 30 CALENDAR DAYS OF RECEIPT of the Report of Investigation and notice of rights, a final agency decision will be issued based on the information in the record.
15. **APPEAL PROCESS:** If you are dissatisfied with the final agency decision, you may appeal to the EEOC, Office of Federal Operations (OFO) within 30 CALENDAR DAYS after receipt of the final agency decision. An appeal shall be deemed filed on the date it is postmarked, or in the absence of the postmark, on the date it is received by the EEOC. Any statement or brief in support of the appeal must be submitted to the EEOC, OFO and to the agency within 30 CALENDAR DAYS of filing the appeal. Instead of an appeal to EEOC, you may file a civil action in the appropriate federal district court within 90 CALENDAR DAYS of receipt of the final agency decision.
16. **CIVIL ACTION:** If the agency has not issued a final agency decision on a complaint within 180 days of the filing date, or if Office of Federal Operations (OFO) has not rendered a final decision within 180 days of your appeal to that office, you may file a civil action in the appropriate federal district court. Filing a civil action in court terminates the administrative processing of the complaint or appeal.

NOTICE CONCERNING AGE DISCRIMINATION COMPLAINTS

17. **AGE DISCRIMINATION COMPLAINT:** Special procedures apply to age discrimination complaints and the timeframes for filing a civil action in federal district court may not be the same as shown above. Contact the EEO Office for additional information.

IF FURTHER EXPLANATION IS NECESSARY, REFER TO 29 CFR PART 1614, EEOC MANAGEMENT DIRECTIVE 110, OR CONTACT THE JOINT STAFF EEO OFFICE.

FORM INSTRUCTIONS FOR JOINT STAFF FORMAL COMPLAINT OF DISCRIMINATION

ITEM NUMBER	DIRECTIONS
1. Name of Complainant	State the full name including middle initial of the complainant.
2. ID Number	Leave this field blank for the EEO to complete.
3. JS Case Number	Leave this field blank for the EEO to complete.
4. Home Phone Number	State the home telephone number of the complainant in the following format to include the area code. (xxx-xxx-xxxx)
5. Work Phone Number	State the work telephone number of the complainant in the following format to include the area code. (xxx-xxx-xxxx)
6. Home Address	State the home address of the complainant to include the city, state, and zip code.
7. Representation	Answer the question as to whether you have retained representation. If yes then complete 7a. and 7b.
8. Agency of Origin	State the name and address of the agency where the allegations arose.
9. Agency of Complainant's Employment	State the name and address of the agency where the complainant is employed.
10. Date of Allegation	Provide the date of the most recent act of alleged discrimination in the following format. (mm/dd/yyyy)
11. Employment Status	Answer the question indicating if you are a federal employee or applicant. Check only one.
12. Reason for Alleged Discrimination	<p>Select all applicable reasons for alleged discrimination, per your complaint:</p> <p>12a. RACE: Race discrimination may involve treating someone (an applicant or employee) unfavorably because he/she is of a certain race or because of personal characteristics associated with race (such as hair texture, skin color, or certain facial features).</p> <p>12b. COLOR: Color discrimination may involve treating someone unfavorably because of skin color complexion. Religious discrimination can also involve treating someone differently because that person is married to (or associated with) an individual of a particular religious, ethical or moral beliefs.</p> <p>12d. NATIONAL ORIGIN: National origin discrimination may involve treating people (applicants or employees) unfavorably because they are from a particular country or part of the world, because of ethnicity or accent, or because they appear to be of a certain ethnic background (even if they are not). National origin discrimination may also involve treating people unfavorably because they are married to (or associated with) a person of a certain national origin. Discrimination may occur when the victim and the person who inflicted the discrimination are of the same national origin.</p> <p>12e. AGE: Indicate your date of birth in the following format. (mm/dd/yyyy) Age discrimination may involve treating an applicant or employee less favorably because of his or her age. Discrimination may occur when the victim and the person who inflicted the discrimination are both over 40.</p> <p>12f. DISABILITY: Select the disability of which is being allegedly discriminated. Then describe the nature of your disability. Disability discrimination may occur when an employer or other entity covered by the Americans with Disabilities Act, as amended, or the Rehabilitation Act, as amended, treats a qualified individual with a disability who is an employee or applicant unfavorably because she has a disability. Disability discrimination may also occur when an employer or other entity treats an applicant or employee less favorably because he/she has a history of a disability (such as cancer that is controlled or in remission) or because he/she is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he/she does not have such an impairment).</p> <p>12g. SEX/GENDER: Sex discrimination may involve treating (an applicant or employee) unfavorably because of that person's sex. Sex discrimination may also involve treating an individual unfavorably because of gender identity, including transgender status, or because of sexual orientation.</p> <p>12h. REPRISAL: Indicate the date(s) of reprisal(s) in the following format and describe the nature of your participation in processing an EEO complaint or other EEO related activity.</p>
13. Complaint Discussion with EEO Counselor	<p>Indicate whether you have discussed your complaint with an EEO Counselor.</p> <p>13a. If yes, provide the name and telephone number of counselor in the following format. (xxx-xxx-xxxx)</p> <p>13b. Then, provide the date you first asked to see an EEO Counselor in the following format. (mm/dd/yyyy)</p>
14. Date Received Notice of Right to File	Provide the date you received the notice of your right to file in the following format. (mm/dd/yyyy)
15. Complaint Description	State briefly how you were discriminated against to include the date of each alleged discriminatory incident. Explain how you were treated differently from other employees or applicants because of your race, color, religion, sex, national origin, age, mental or physical disability or reprisal. If your complaint involves more than one allegation of discrimination, list and number each such allegation separately. Provide details of what happened, who was involved and when it happened. Use additional sheets, if necessary.
16. Corrective Action	Describe what specific corrective action(s) do you want taken to resolve your complaint. If more than one claim is being made, state overall corrective action desired and then list the specific corrective action desired for each separate claim.
17. Appeals and Grievances	Indicate whether any of the incidents listed in item 15 have been appealed to the U.S. Merit Systems Protection Board (MSPB) or filed under a negotiated grievance procedure. Include the date and MSPB Docket Number.
18. Signature of Complainant	The complainant should be certain to sign the form prior to submission.
19. Date Complaint Signed By Complainant	Please be certain to include the date of when the complainant signed the form prior to submission.
20. Date Complaint Filed	Leave this field blank for the EEO to complete.

JOINT STAFF FORMAL COMPLAINT OF DISCRIMINATION IN THE FEDERAL GOVERNMENT

PRIVACY ACT STATEMENT

AUTHORITIES: 42 U.S.C. 2000e-16(b) and (c); 29 U.S.C. 204(f) and 206(d); 29 U.S.C. 633(a); 29 U.S.C. 791; Reorg. Plan No. 1 of 1978, 43 FR 19607 (May 9, 1978); E.O. 12106, 44 FR 1053 (January 3, 1979).

PRINCIPAL PURPOSE(S): Information is collected in order to counsel, investigate and adjudicate complaints of employment discrimination and related appeals brought by applicants and current and former federal employees against federal employers.

ROUTINE USE(S): To disclose information to another federal agency, to a court, or to a party in litigation before a court or in an administrative proceeding being conducted by a federal agency when the government is a party to the judicial or administrative proceeding. To provide information to a congressional office from the record of an individual in response to an inquiry from that congressional office made at the request of that individual. To disclose to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee. To disclose, in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding. For a complete list of routine uses, visit http://www.defenselink.mil/privacy/govwide/eeoc_govt-1.html.

DISCLOSURE: Voluntary; however, failure to complete all portions of this form may lead to dismissal of complaint on the basis of inadequate data on which to determine if complaint is acceptable for processing.

RULES OF USE: Rules for collecting, using, retaining, and safeguarding this information are contained in Privacy Act System Notice EEOC/Govt-1, entitled "Equal Employment Opportunity in the Federal Government Complaint and Appeal Records" (April 26, 2006, 71 FR 24704) available at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570721/eeocgovt-1/>.

1. NAME OF COMPLAINANT (Last, First, Middle Initial)		2. ID Number (EEO Office use only)	3. JS CASE Number (EEO Office use only)
4. HOME PHONE NUMBER (xxx-xxx-xxxx)	5. WORK PHONE NUMBER (xxx-xxx-xxxx)	6. HOME ADDRESS (Include city, state, and ZIP Code)	
7. DO YOU HAVE A REPRESENTATIVE? <input type="checkbox"/> YES (Complete Item 7a. & 7b.) <input type="checkbox"/> NO			
7a. IF YES, PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER OF REPRESENTATIVE (Include city, state, and ZIP Code) (xxx-xxx-xxxx)		8. NAME OF AGENCY AND ADDRESS WHERE ALLEGATIONS AROSE (Include city, state, and ZIP Code)	
7b. THIS REPRESENTATIVE IS <input type="checkbox"/> IS NOT <input type="checkbox"/> AN ATTORNEY. (Check only one.)			
9. NAME AND LOCATION OF AGENCY/ ORGANIZATION WHERE YOU WORK (Include city, state, and ZIP Code)	10. DATE OF MOST RECENT ACT OF ALLEGED DISCRIMINATION (MM/DD/YYYY)	11. ARE YOU A FEDERAL EMPLOYEE OR APPLICANT? (Check only one.) <input type="checkbox"/> a. EMPLOYEE, GRADE, SERIES, TITLE: <input type="checkbox"/> b. FORMER FEDERAL EMPLOYEE, GRADE, SERIES, TITLE: <input type="checkbox"/> c. APPLICANT FOR EMPLOYMENT:	
12. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST ("X" below) Complete only those items below that are applicable to your complaint.			
12a. RACE:	12b. COLOR:	12f. DISABILITY: <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL (Describe the nature of your disability.)	
12c. RELIGION:	12d. NATIONAL ORIGIN:	12g. SEX/GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY	
12e. AGE: DOB (MM/DD/YYYY):	12h. REPRISAL: [Date (MM/DD/YYYY)] Then describe the nature of your participation in processing an EEO complaint or other EEO related activity.]		
13. I HAVE DISCUSSED MY COMPLAINT WITH AN EEO COUNSELOR (See last page) <input type="checkbox"/> a. YES (Complete 13a) <input type="checkbox"/> b. NO	13a. IF "YES," NAME AND TELEPHONE NUMBER OF COUNSELOR (xxx-xxx-xxxx)	13b. DATE YOU FIRST ASKED TO SEE EEO COUNSELOR (MM/DD/YYYY)	14. DATE RECEIVED NOTICE OF RIGHT TO FILE (MM/DD/YYYY)

**JOINT STAFF FORMAL COMPLAINT OF DISCRIMINATION
IN THE FEDERAL GOVERNMENT**

15. STATE BRIEFLY HOW YOU WERE DISCRIMINATED AGAINST TO INCLUDE THE DATE OF EACH ALLEGED DISCRIMINATORY INCIDENT. *(Use additional sheets, if necessary.)*

16. WHAT SPECIFIC CORRECTIVE ACTION(S) DO YOU WANT TAKEN ON YOUR COMPLAINT? *(If more than one claim is being made, state overall corrective action desired and then list the specific corrective action desired for each separate claim.*

17. HAVE ANY OF THE INCIDENTS LISTED IN ITEM 15 BEEN APPEALED TO THE U.S. MERIT SYSTEMS PROTECTION BOARD (MSPB) OR FILED UNDER A NEGOTIATED GRIEVANCE PROCEDURE? NO YES, Date (MM/DD/YYYY): _____ MSPB Docket Number: _____

Explanation:

18. SIGNATURE OF COMPLAINANT

19. DATE COMPLAINT SIGNED BY COMPLAINANT

20. DATE COMPLAINT FILED (MM/DD/YYYY) *(EEO Office use only)*