



<input type="checkbox"/>	<b>J. Veteran Status</b>		
<input type="checkbox"/>	<b>K. Retaliation</b> (Please select those that apply to your complaint.)		
	<input type="checkbox"/>	You filed a complaint of discrimination about any of the above	
	<input type="checkbox"/>	You contacted a government agency to complain about job discrimination	
	<input type="checkbox"/>	You complained to your employer about job discrimination	
	<input type="checkbox"/>	You helped or was a witness in someone's complaint about job discrimination	
<b>4.</b>	<b>Briefly describe why you believe that you have been discriminated against.</b> (Please include names, telephone numbers, and job titles of all persons involved in the discriminatory acts you describe. Attach additional pages if needed.)		
<b>5.</b>	<b>Describe when the discriminatory acts occurred:</b>		
	When did the discriminatory acts occur? (Provide month, day, year.)		
<b>6.</b>	<b>Describe the relief that you are seeking:</b>		
<b>7.</b>	<b>Have you filed a grievance about this matter?</b>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If "Yes", please provide a copy of grievance Form A and all associated documents and indicate the status of your grievance)		
<b>8.</b>	<b>Have you filed a complaint with the EEOC about this matter?</b>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If "Yes", please provide your case number:		
<b>9.</b>	<b>Have you filed a complaint with another agency about this matter?</b>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If "Yes", complete <b>a</b> through <b>c</b> below		
<b>a.</b>	<b>Agency:</b>	<b>Contact Person:</b>	
<b>b.</b>	<b>Address:</b>		
	<b>City, State, and Zip Code:</b>		
<b>c.</b>	<b>Telephone Number:</b>	<b>Date Filed:</b>	
<b>10.</b>	<b>Have you filed a lawsuit about this matter?</b>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If "Yes", complete <b>a</b> and <b>b</b> below.		
<b>a.</b>	<b>Name of Court:</b>		
<b>b.</b>	<b>Case Docket Number:</b>	<b>Date Filed:</b>	

I affirm that the above information is true to the best of my knowledge, information and belief.

By submitting this form, I understand that an investigation will commence if the complaint is accepted and the agency that the complaint is filed against will be notified. I agree to cooperate with the investigation. I understand that the Office of Workforce Engagement will request the agency which this complaint is filed against to release any and all personnel records, including but not limited to, medical records, deemed necessary to complete this investigation. Documents will only be shared with respect to the investigation and the performance of these duties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FILING WITH THIS OFFICE DOES NOT PRECLUDE YOU FROM FILING WITH THE U.S. FEDERAL EQUAL EMPLOYMENT OPPORTUNITY COMMISSION OR OTHER FEDERAL AGENCIES.