

**MCIPAC Office of Equal Employment Opportunity  
Informal Complaint (Pre-complaint)**

AUTHORITY: Title 10, USC, Section 3012(g)

PRINCIPAL PURPOSE: To secure sufficient information to make inquiries into the matters presented and to provide a response to the requestor(s) and/or take action to correct deficiencies. Disclosure of personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requestor, accomplishment of the requested action(s), and response to the requestor.

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

Job Title: \_\_\_\_\_ Grade/Series: \_\_\_\_\_

Organization/Address: \_\_\_\_\_

\_\_\_\_\_

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

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Phone: \_\_\_\_\_

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Date of Alleged Discriminating Action: \_\_\_\_\_

Date of Initial Contact with EEO: \_\_\_\_\_

Date of Initial Contact with Counselor: \_\_\_\_\_

Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Basis for Discrimination:

Race \_\_\_\_\_  Color \_\_\_\_\_

Sex \_\_\_\_\_  Religion \_\_\_\_\_

National Origin \_\_\_\_\_  Age & DOB \_\_\_\_\_

Physical/Mental Disability (Specify) \_\_\_\_\_

Reprisal (What and when was the protected Title VII activity?)

\_\_\_\_\_



**STATEMENT OF ALLEGATIONS:** Specify the issues of the complaint of discrimination. Include WHO, WHAT, WHEN, WHERE, and HOW about the incident(s). If more space is needed, attach additional sheets. Number each allegation **PLEASE USE BULLET FORM**

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**SPECIFIC ACTION/RELIEF SOUGHT:** List and number remedy sought for each allegation. \_\_\_\_\_

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Principal Agency Witness: (The person or persons you believe discriminated against you)

1. NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ GRADE/SERIES: \_\_\_\_\_  
ORGANIZATION/ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ PHONE: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ GRADE/SERIES: \_\_\_\_\_  
ORGANIZATION/ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ PHONE: \_\_\_\_\_

3. NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
ORGANIZATION/ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant Date

\_\_\_\_\_  
Signature of Specialist Date