

**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 the social security number and other 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.

Name: _____ Last 4 SSAN _____

Job Title: _____ Grade/Series: _____

Organization/Address: _____

Phone: (_____) _____

Home Mailing Address: _____

Phone: (_____) _____

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?) _____

Issue(s)/Matter(s) Giving Rise to Complaint (e.g., Promotion, Separation, Appraisal):

STATEMENT OF ALLEGATIONS: Specify the issues of the complaint of

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

The above information is pursuant to Public Law 93-579 (Privacy 'Act of 1974) December 31, 1974, for individuals supplying information for inclusion in the system of records. The information you supply may be used with the information developed by inquiry and or investigation to resolve an equal employment opportunity discrimination complaint.