## Marine Corps Installations Pacific Equal Employment Opportunity Office

## **Pre-complaint Intake Form**

(FOR OFFICIAL USE ONLY - This form is subject to the Privacy Act of 1974)

## PRIVACY ACT STATEMENT

**AUTHORITY**: 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). Title 5, USC, Section 552

**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 <a href="http://www.defenselink.mil/privacy/govwide/eeoc\_govt-1.shtml">http://www.defenselink.mil/privacy/govwide/eeoc\_govt-1.shtml</a>.

**DISCLOSURE**: To securing information to make inquiries into the matter presented. Information is 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" available at <a href="http://www.defenselink.mil/privacy/govwide/eeoc\_govt-1.shtml">http://www.defenselink.mil/privacy/govwide/eeoc\_govt-1.shtml</a>.

-		
Name:		
Organization/Address:		
Work Email Address:		
Home Mailing Address:		
Home Email Address:	Phone:	
Date of Alleged Discriminating Action:		
Date of Initial Contact with EEO Counselor:		
Name of EEO Counselor:	Phone:	

Basis for Discrimination (check and specify):		
Color:		
Sex:(male, female, lesbian, gay, bisexual, transgender (LGBT))		
Religion: Age (Date of Birth):		
National Origin:		
Disability-Physical:		
Disability-Mental:		
Disability-Pregnancy:		
Genetic Information-Genetic testing:		
Genetic Information-Family medical history:		
Genetic Information-Genetic services (genetic services means counseling, education or testing)		
Reprisal (What was the <b>PREVIOUS</b> Title VII protected EEO activity you participated in and the date?):		
the date:).		
Specific Action/Relief Sought: List and number remedy sought for each allegation listed.		

TELL BRIEFLY HOW YOU WERE DISCRIMINATED AGAINST (e.g., harassment, failure to accommodate, disciplinary action, non-selection, evaluation). INCLUDE THE DATE OF EACH		
ALLEDGED 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, genetic information or reprisal. If complaint involves more than		
one allegation of discrimination, list and number each allegation separately. Tell what happened,		
who was involved and when it happened. Use additional sheets, if necessary.		

RESPONSIBLE MANAGEMENT OFFICIAL(S) (RMO):		
1. Name:		
Job Title:	Grade/Series:	_
Organization/Address:		
Phone Number:		
Email address:		
2. Name:		
Job Title:	Grade/Series:	_
Organization/Address:		
Phone Number:		
Email address:		
WITNESS(ES): 1. Name:		
Job Title:		
Organization/Address:		
Phone Number:		
Email address:		

2. Name:	
Job Title:	
Organization/Address:	
Phone Number:	
Email address:	
Signature of Aggrieve/Complainant/Date	Signature of EEO Counselor/Date Received