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Section A: Claimant Information

1. Name:

Last Name * *Last Name*

First Name * *First Name*

Middle Initial *Middle Initial*

2. Address:

Address Type ● Domestic ○ International ○ APO/FPO/DPO

Address Search *Enter your address*

Street *Enter Street Address*

Address Line 2 *Enter Address Line 2*

City *Enter City*

State/Territory * *Select State/Territory*

Zip Code *Enter Zip Code*

3. Email *yourname@domain.com*

4. Cell Phone *123-456-7890*

5. Home Phone *123-456-7890*

6. Social Security Number *Enter your SSN*

7. Have you served, or are you actively serving in the uniformed services?
○ Yes ○ No ○ Unknown

8. Do you have a military service-connected disability?
○ Yes ○ No ○ Unknown

9. What type of claim are you filing? *Select*

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Section B: Employer Information

1. Are you currently employed? ○ Yes ○ No

2. Is the employer that is the subject of your claim your current employer? ○ Yes ○ No

3a. Name of the employer that is the subject of your claim.
Employer Name

3b. Type of Employer
Select

4. Title of the position or occupation related to your claim (the job that you either now hold, used to hold, or applied for, with this employer)
Position Title

5a. Pay Rate
Pay Rate

5b. Pay Basis
Select

5c. Does this position receive compensation for overtime or commissions? ○ Yes ○ No

6a. Dates of Employment
FROM: *From Date* **TO:** *To Date*

OR

6b. Date of Application or Interview
Application Date

7. Address

Address Type ● Domestic ○ International ○ APO/FPO/DPO

Address Search *Enter your address*

Street	Address Line 2	City	State/Territory *	Zip Code
Enter Street Address	*Enter Address Line 2*	*Enter City*	*Select State/Territory*	*Enter Zip Code*

8a. Principle Employer Representative (PER) Name
PER Name

8b. PER Title
PER Title

8c. PER Type
Select

9. PER Email Address
PER Email Address

10a. PER Phone Number
PER Phone Number

10b. Extension
PER Phone Extension

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Section C: USERRA Eligibility

1. Have you been separated or discharged from the uniformed services?

○ Yes ○ No

2. Character of Service Upon Discharge or Separation

Select

3. Uniformed Service Branch Related to Claim

Select

4a. Uniformed Service Dates

FROM: From Date **TO:** To Date

OR

4b. Examination or Rejection Date

Application Date

5a. I was denied reemployment/reinstatement into my proper position after returning from uniformed service.	○ Yes ○ No
5b. I was denied reemployment/reinstatement after returning from uniformed service due to a disability that was incurred or aggravated during that period of uniformed service.	○ Yes ○ No
5c. I was denied initial employment based on my uniformed service membership; or application, obligation, or performance of uniformed service.	○ Yes ○ No
5d. I lost or was terminated from employment based on my membership, application, or obligation to perform uniformed service.	○ Yes ○ No
5e. I was denied one or more benefits of employment based on my membership, application, or obligation to perform uniformed service.	○ Yes ○ No
5f. I was retaliated against for taking an action or enforcing a protection afforded to someone else covered under USERRA.	○ Yes ○ No
5g. I was retaliated against for testifying or making a statement in connection with a USERRA investigation or proceeding.	○ Yes ○ No
5h. I was retaliated against for my participation in another USERRA investigation or proceeding, other than making a statement or testifying.	○ Yes ○ No
5i. I was retaliated against for initiating a previous investigation or proceeding to protect my USERRA rights?	○ Yes ○ No

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Section D: USERRA Claim Information

1a. Was the Employer Support of the Guard and Reserve (ESGR) involved in the handling of your claim?

○ Yes ○ No

1b. Most Recent ESGR Contact Date

ESGR Date

2. Select the checkbox for each benefit of employment that was lost or affected by your uniformed service.

2a. Status	X	**2b. Pay Rate**	X
2c. Seniority	X	**2d. Pension**	X
2e. Promotion	X	**2f. Vacation/Leave**	X
2g. Health Benefits	X	**Health Benefits Issue:**	*Select*
2h. Other Non-Seniority Benefit(s)	X	**Description:**	*Other Non-Seniority Benefits Description*
2i. Other	X	**Description:**	*Other Benefits Description*

If your claim involves reemployment following uniformed service, answer the following questions:

3. Was notice of uniformed service provided to your employer?

○ Yes ○ No

4. How was the notice provided to your employer?

○ Written ○ Oral ○ Both

5a. Who provided the notice to your employer?

○ Self ○ Other

5b. Notice provider's name

Providers Name

6. Date that notice was provided to your employer

Date of Notice

7. Date Applied for Reemployment

Application Date

8a. Were you Reemployed of Reinstated?

○ Yes ○ No

6. Date Reemployed/Reinstated

Reemployment Date

8c. Reemployed/Reinstated to Proper Position?

○ Yes ○ No

8d. Reemployed/Reinstated with Correct Pay?

○ Yes ○ No

8e. Date denied reemployment to proper position or with correct pay

Denial Date

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Section E. Veterans Preference/VEOA Eligibility Information

1. Type of Claim

○ Hiring ○ Reduction-in-Force (RIF)

2. Position Job Series (e.g., 1800, 0301, etc.)

Job Series

3. Pay Schedule (e.g., GS, WG, etc.)

Pay Schedule

3. Pay Grade

Pay Grade

5. Federal Agency Name

Federal Agency

6. Sub-Agency or Department Name

Sub-Agency or Department

7. Have you been separated or discharged from the uniformed services?

○ Yes ○ No

8. Character of Service Upon Discharge or Separation

Select

9. Most Recent Branch of Uniformed Service

Select

10. Uniformed Service Dates

FROM: *From Date* **TO:** *To Date*

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Section F. VP/VEOA Federal Hiring Claim Information

1. Vacancy Announcement Number

Job Series

2. Announcement Type

○ **Open Competitive (VP)** ○ **Merit Promotion (VEOA)**

3. Preference/Eligibility Claimed During Application

Select

4a. Vacancy Open Date

Open Date

4b. Vacancy Close Date

Close Date

5. Application Date

Application Date

6. Date of Decision, Notice, or Non-Selection

Decision Date

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Section G. VP Reduction in Force (RIF) Claim Information

1. Position Title from SF-50

Position Title

2. Veterans Preference from SF-50

Select

3. Tenure from SF-50

Select

4. Veterans Preference for RIF from SF-50

Yes No

5. Position Occupied from SF-50

Position Occupied

6. FLSA Category from SF-50

FLSA Category

7. Date of Most Recent SF-50

SF-50 Date

8. Date Notified of RIF

RIF Notification Date

9. Date of RIF or Proposed RIF

RIF Date

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Section H. Claimant Demographic Information

1. Do you have a non-service-connected disability?

Yes No

2. Date of Birth

DOB

3. Ethnicity (Select One)

Select

4. Race (Select all that apply)

American Indian or Alaskan Native	X	Native Hawaiian or Other Pacific Islander	X
Asian	X	White	X
Black or African-American	X		
Other	X	Description:	Other Description

5. Gender (Select all that apply)

Female	X	Non-Binary/Third Gender	X
Male	X	Prefer Not to Say	X
Prefer to Self-Describe	X	Description:	Description

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Section I. USERRA Remedies

1. List the Remedy(ies) you are seeking for any USERRA Reemployment/Reinstatement Related Issue(s).

Reemployment/Reinstatement Remedies

2. List the Remedy(ies) you are seeking for any USERRA Rights and Benefits Related Issue(s)

Rights and Benefits Remedies

3. List the Remedy(ies) you are seeking for any USERRA Discrimination Related Issue(s)

Discrimination Remedies

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Section J. Comments/Notes

Comments | Signature

1. Enter any other notes or comments regarding your claim that you feel are necessary to process and assign your claim to an investigator.

Comments

Explain your claim in detail – List all remedies you seek. For Explanations above 9000 Characters, see Document Upload. 0/9000 characters.

› *Please provide a description with the Document Uploaded. Additional Documents can be Uploaded via Related Action.*

Upload Additional Document

UPLOAD *Drop file here*

Upload additional document of explanation.

Document Comment

Document Comment

Write a brief description about the uploaded document. 0/255 characters.

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Signature

Statements And Signature

K. Punishment for Unlawful Statements
The information provided in this complaint will be utilized by the U.S. Department of Labor, Veterans' Employment and Training Service (VETS) to initiate an investigation of alleged violations of the Uniformed Services Employment and Reemployment Rights Act (USERRA), Title 38, USC, §§ 4301-4335; and/or the laws and regulations relating to veterans' preference in Federal employment, including 5 USC § 3330a-3330c, and eligibility for Federal employment described in the VEOA. Potential claimants should keep in mind that it is unlawful to "knowingly and willfully" make any "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Accountability Act of 1996 by a fine and/or imprisonment of not more than 5 years. 18 USC § 1001.

L. Paperwork Reduction Act Statement
The OMB control number for this collection is 1293-0002 and expires on April 30, 2023. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number.

Collection of this information is authorized by 38 USC § 4326(a) and 5 USC § 3330a(b)(2). The obligation to respond to this collection is required to initiate a USERRA or VP/VEOA investigation. We estimate it takes about 45 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Information requested in Section H of this form is voluntary, and not required to initiate an investigation. Information in this section is in response to Executive Order 13985 - Advancing Racial Equity, and Support for Underserved Communities Through the Federal Government. Information collected within this section will be used to provide better training to investigators to better serve underserved populations.

Please send comments regarding the burden estimate or any other aspect of this collection of information to the Veterans' Employment and Training Service, 200 Constitution Ave NW, Room S-1325, Washington, DC 20210 or VETSCompliance@dol.gov and reference OMB control number 1293-0002.

M. Privacy Act Statement
The primary use of this information is by staff of the Veterans' Employment and Training Service in investigating cases under USERRA, or the laws and regulations relating to VP or VEOA in Federal employment. Disclosure of this information may be made to: a Federal, state or local agency for appropriate reasons; in connection with litigation; and to an individual or contractor performing a Federal function. Furnishing the information on this form, including your Social Security Number, is voluntary. However, failure to provide this information may jeopardize the Department of Labor's ability to provide assistance or complete an investigation of your complaint.

N. Notification of Claimant's Rights
For claims arising under USERRA, a person has a right to commence an action for relief directly against the employer in the appropriate federal district court (in the case of a complaint against a State or private employer), pursuant to 38 USC § 4323(a)(3), or the Merit Systems Protection Board (in the case of a complaint against a Federal executive agency or the Office of Personnel Management), pursuant to 38 USC § 4324(b).

For claims arising under VP or VEOA, a person may file a complaint with the Secretary of Labor within 60 days after the date of the alleged violation, pursuant to 5 USC § 3330a(a). The Secretary shall investigate the complaint under 5 USC § 3330a(b), and, if unable to resolve the complaint within 60 days, the Secretary will notify the person of the results of the investigation, pursuant to 5 USC § 3330a(c). The person may appeal to the Merit Systems Protection Board on or after the 61st day after the complaint was filed with the Secretary, but not later than 15 days after the person receives notification from the Secretary of the results of the investigation, pursuant to 5 USC § 3330a(d).

O. Certification and Signature
By my signature I certify that the above information is true and correct to the best of my knowledge and belief. I authorize the U.S. Department of Labor to contact the employer identified in Section B or any other person with information concerning this claim. I further authorize my employer or any other person to release such information to the U.S. Department of Labor. Pursuant to 5 USC, § 552a(b) of the Privacy Act, I authorize the U.S. Department of Labor, the U.S. Department of Veterans Affairs, and the U.S. Department of Defense to release information and records necessary for the investigation and prosecution of my claim.

Signature Date *

mm/dd/yyyy

☐ Agree and accept

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