OMB NO. 1293-0002 (EXP. 04/30/2026)
VETS USERRA/VP/VEOA FORM 1010 (REV 04/2023)

Before you submit a USERRA or Veterans' Preference claim to VETS, please be sure you are familiar with the laws and procedures that apply to these types of claims. If you need more information about USERRA or Veterans' Preference before submitting your claim, please go to the VETS "elaws" sites: the USERRA Advisor and/or the Veterans' Preference Advisor

Section A: Claimant Information

1. Name:

Last Name * *Enter Last Name and Title*

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 serving in a uniformed service covered by USERRA? *
○ Yes ○ No ○ Unknown

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

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

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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 current, prospective, or former employer that is the subject of your claim. *
Type to select/enter the employer's name

3b. Type of Employer *
--Select Type of Employer--

4. Title of the Position or Occupation That is Related to Your Claim (the job that you either now hold, used to hold, or applied for, with this employer) *
Enter Position Title or Occupation

5a. Pay Rate
Pay Rate

5b. Per
--Select Employment Pay Basis--

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

6a. Dates of Employment
FROM: *mm/dd/yyyy*
TO: *mm/dd/yyyy*

6b. Date of Application or Interview
mm/dd/yyyy

7. 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

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

8b. PER Title

8c. PER Type
--Select PER Type--

9. PER Email Address
yourname@domain.com

10a. PER Phone Number
123-456-7890

10b. Extension
130

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Section C: USERRA Eligibility

1. Uniformed Service Branch Related to Claim

--Select Uniformed Service Branch Related to Claim--

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

Yes No Unknown

3. Character of Service Upon Discharge or Separation

--Select Character of Service Upon Discharge or Separation--

4a. Uniformed Service Dates **FROM:** *mm/dd/yyyy* **TO:** *mm/dd/yyyy*

4b. Examination or Rejection Date *mm/dd/yyyy*

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

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

Yes No

6. How was the notice provided to your employer?

Written Oral Both

7a. Who provided the notice to your employer?

Myself Someone Else

7b. Name, if Someone Else

Name

8. When was notice provided to your employer? *mm/dd/yyyy*

9. Date Applied for Reemployment *mm/dd/yyyy*

10a. Were you Reemployed or Reinstated?

Yes No

10b. Date Reemployed/Reinstated *mm/dd/yyyy*

10c. Reemployed/Reinstated to Proper Position?

Yes No

10d. Reemployed/Reinstated with Correct Pay?

Yes No

10e. Date of Denial *mm/dd/yyyy*

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Section D: USERRA Claim Information

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

◯ Yes ◯ No

Indicate if ESGR was involved in handling your complaint before filing this Form 1010 claim with VETS.

USERRA Eligibility Questions

Responses are required for 2a through 2i

2a. I was denied reemployment/reinstatement into my proper position after returning from uniformed service. *

◯ Yes ◯ No

2b. I was denied proper reemployment/reinstatement after returning from uniformed service due to a disability that was incurred or aggravated during that period of uniformed service. *

◯ Yes ◯ No

2c. I was denied initial employment based on my uniformed service membership; or application, obligation, or performance of uniformed service. *

◯ Yes ◯ No

2d. I lost or was terminated from employment based on my membership, application, or obligation to perform uniformed service. *

◯ Yes ◯ No

2e. I was denied one or more benefits of employment based on my membership, application, or obligation to perform uniformed service. *

◯ Yes ◯ No

2f. I was retaliated against for taking an action or enforcing a protection afforded to someone else covered under USERRA. *

◯ Yes ◯ No

2g. I was retaliated against for testifying or making a statement in connection with a USERRA investigation or proceeding. *

◯ Yes ◯ No

2h. I was retaliated against for my participation in another USERRA investigation or proceeding, other than making a statement or testifying. *

◯ Yes ◯ No

2i. I was retaliated against for initiating a previous investigation or proceeding to protect my USERRA rights. *

◯ Yes ◯ No

Note: Read each statement and select "Yes" if that situation applies to your claim. If none of the statements apply to your claim, contact VETS at **vetscompliance@dol.gov** *for assistance.*

3. If your claim involves the loss of a benefit of employment, select the checkbox for each benefit of employment.

* 3a. Status ☐	* 3b. Pay Rate ☐
* 3c. Seniority ☐	* 3d. Pension ☐
* 3e. Promotion ☐	* 3f. Vacation/Leave ☐
* 3g. Health Benefits ☐	Health Benefits Issue
* 3h. Other Non-Seniority Benefit(s) ☐	Description 0/256
* 3i. Other ☐	Description 0/256

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Section E: Veterans Preference/VEOA Eligibility Information

1. Type of Claim *

○ Hiring ○ Reduction-in-Force (RIF)

2. Position Job Series | **3. Pay Schedule** | **4. Pay Grade**

XXXX 0/4 | XX 0/2 | Pay Grade 0/50

5. Federal Agency / Department Name *

Select Agency Name

6. Most Recent Branch of Uniformed Service *

Select a Branch of Service

Select the branch of service that you are, have been, or will be a member of

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

○ Yes ○ No

8. Character of Service Upon Discharge or Separation

Select a Discharge or Separation option

Select the appropriate choice(s) that best describes how you were discharged or separated.

9. Uniformed Service Dates: **From** mm/dd/yyyy **To** mm/dd/yyyy

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Section F: VP/VEOA Federal Hiring Claim Information

1. Vacancy Announcement Number

Vacancy Announcement Number

2. Announcement Type *

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

3. Preference/Eligibility Claimed During Application *

Select veteran's status

4a. Vacancy Open Date :

mm/dd/yyyy

4b. Vacancy Close Date :

mm/dd/yyyy

5. Application Date :

mm/dd/yyyy

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

mm/dd/yyyy

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

1. Position Title from SF-50

Position Title 0/100

2. Veteran's Preference from SF-50

Select

3. Tenure from SF-50

Select

4.Veteran's Preference for RIF from SF-50

○ Yes ○ No

5. Position Occupied from SF-50

Position Occupied 0/100

6. FLSA Category from SF-50

FLSA Category 0/100

7. Date of Most Recent SF-50

mm/dd/yyyy

8. Date Notified of RIF

mm/dd/yyyy

9. Date of RIF or Proposed RIF

mm/dd/yyyy

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Section H: USERRA Remedies

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

Reemployment/Reinstatement Remedies

0/4000

2. List the Remedy(ies) you are seeking for any USERRA Discrimination or Retaliation related issue(s).

Discrimination or Retaliation Remedies

0/4000

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Section I. Claimant Demographic Information

1. Do you have a non-service-connected disability? ○ Yes ○ No

2. Date of Birth *mm/dd/yyyy*

3. Sex ○ Male ○ Female

4. What is your race and/or ethnicity? (Select all that apply and enter additional details in the spaces below)

- ☐ American Indian or Alaskan Native
- ☐ Asian
  - ☐ Chinese ☐ Vietnamese ☐ Asian Indian ☐ Filipino ☐ Korean ☐ Japanese
- ☐ Black or African American
  - ☐ African American ☐ Jamaican ☐ Haitian ☐ Nigerian ☐ Ethiopian ☐ Somali
- ☐ Hispanic or Latino
  - ☐ Mexican ☐ Puerto Rican ☐ Salvadoran ☐ Cuban ☐ Dominican ☐ Guatemalan
- ☐ Middle Eastern or North African
  - ☐ Lebanese ☐ Iranian ☐ Egyptian ☐ Syrian ☐ Iraqi ☐ Israeli
- ☐ Native Hawaiian or Pacific Islander
  - ☐ Native Hawaiian ☐ Samoan ☐ Chamorro ☐ Tongan ☐ Fijian ☐ Marshallese
- ☐ White
  - ☐ English ☐ German ☐ Irish ☐ Italian ☐ Polish ☐ Scottish

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Section J: Comments

Comments

Comments

Explain your claim in detail. For Explanations above 20000 Characters, see Document Upload. 0/20000 characters.

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

Document	Comment	Remove	Add Document
UPLOAD *Drop file here*	*Comment*	×	+

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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, 2026. 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 § 4322(b) and 5 USC § 3330a(a)(2)(B). 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.

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 veterans' preference 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/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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