



Federal Communications Commission
Office of Workplace Diversity

Not yet approved by OMB
OMB 3060-1237
Estimated Time Per
Response: 3.51 Hours

INITIAL CONTACT and/or COUNSELING SESSION
for INFORMAL COMPLAINT of DISCRIMINATION

PRIVACY ACT STATEMENT: 1. **AUTHORITY** - The authority to collect this information is derived from 42 U.S.C. § 2000e-16; 29 C.F.R. §§1614.106, 1614.108. 2. **PURPOSE AND USE** - This information will be used to document the issues and allegations of a complaint of discrimination based on race, color, sex (including sexual harassment), religion, national origin, age, disability (physical or mental), genetic information, or reprisal. The signed statement will serve as the record necessary to initiate an investigation and will become part of the complaint file during the investigation or hearing, if any; adjudication and appeal, if one, to the Equal Employment Opportunity Commission. 3. **EFFECTS OF NON - DISCLOSURE** - Submission of this information is **MANDATORY**. Failure to furnish this information will result in the return of the complaint without action.

1. NAME (Last, First, Middle Initial)			2. ARE YOU A(N): Employee Former Employee Applicant	
3a. HOME PHONE NO.	3b. WORK PHONE NO.	3c. MOBILE PHONE NO.	3d. ADDRESS (Include City, State, and Zip Code)	
3e. PRIMARY EMAIL			3f. SECONDARY EMAIL	
4. ADDRESS OF YOUR CURRENT POSITION			5. TITLE AND GRADE OF YOUR CURRENT POSITION	
6a. NAME OF INDIVIDUAL(S) YOU BELIEVE DISCRIMINATED AGAINST YOU			6b. DATE ON WHICH MOST RECENT ALLEGED DISCRIMINATION OCCURRED	
6c. SPECIFY BUREAU/OFFICE/DIVISION OF INDIVIDUAL(S) NAMED IN 6a.				

7. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check Below).	
a. RACE (State your Race) _____	f. AGE (Specify your Age) _____
b. COLOR (State your Color) _____	g. DISABILITY Mental Physical
c. RELIGION (State your Religion) _____	h. GENETIC INFORMATION: Genetic Testing Family Medical History Genetic Services
d. SEX Female Male Orientation	i. REPRISAL
e. NATIONAL ORIGIN (State your National Origin)	

8. ISSUES IN THE COMPLAINT (CHECK APPROPRIATE BOX/BOXES)		Reinstatement	
Accommodation (Medical)	Duty Hours	Removal	
Accommodation (Religious)	Evaluation/Appraisal	Reprimand	Terms/Conditions of Employment
Assignment of Duties	Harassment	Retirement	Training
Awards	Non-sexual	Suspension	Other _____
Demotion	Sexual	Telework	
Detail	Non-selection	Termination	
Disciplinary Warnings	Reassignment		

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9. EXPLAIN SPECIFICALLY HOW YOU WERE DISCRIMINATED AGAINST (Explain how you were treated differently from other employees, former employees or applicants, because of your race, color, religion, sex, national origin, age, mental or physical handicap, genetic information, or reprisal.) (If your complaint involves more than one basis for your dissatisfaction, list and number each such allegation separately and furnish specific, factual information in support of each allegation.) Use additional sheets if necessary.

10. WHAT SPECIFIC ACTION DO YOU WANT TAKEN TO RESOLVE YOUR COMPLAINT? (If more than one allegation is being made, state overall corrective action desired and the specific corrective action desired for each separate allegation.)

11. THE EEO COUNSELOR DISCUSSED THE FOLLOWING SUBJECT AREAS IN THE COMPLAINT PROCESS AND/OR ALTERNATE DISPUTE RESOLUTION (ADR) PROGRAM WITH THE EMPLOYEE/FORMER EMPLOYEE/APPLICANT AND/OR HANDOUTS WERE PROVIDED.

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| a. The Role of the EEO Counselor | g. 45-Day Requirement to Contact EEO Counselor |
| b. The Individual or Class Complaint Process | h. Notify EEO Office of Attorney/Non-Attorney Representative |
| c. The Basis(es) to File a Complaint (Informal/Formal/Class) | i. Formal Stage Requirement of Attorney to Submit Billing Data |
| d. The Right to File a Complaint | j. Witness(es) Rights |
| e. Avenues of Redress | k. ADR Program |
| f. Rights and Responsibilities | l. Informal Complaint Process |

12. THE EMPLOYEE/FORMER EMPLOYEE/APPLICANT ELECTS THE FOLLOWING OUTCOME:

- | | | |
|--|-----|----|
| a. Traditional Counseling | Yes | No |
| b. ADR | Yes | No |
| c. Declined to Pursue Matter Under Title VII | Yes | No |
| d. Remain Anonymous | Yes | No |

13. SIGNATURE OF EMPLOYEE/FORMER EMPLOYEE/APPLICANT

14. DATE OF THIS COUNSELING SESSION
(Month, Day, Year)

DATE OF COUNSELING SESSION

NAME OF EEO COUNSELOR

SIGNATURE OF EEO COUNSELOR

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3.51 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PPM, Paperwork Reduction Project (3060-1237), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please **DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS**. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1237.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995,
P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507**