

INFORMATION CONCERNING THE PROCESSING OF YOUR COMPLAINT

READ INSTRUCTIONS CAREFULLY

This form should be used if you, as an employee or applicant for employment with the U.S. Department of State, believe that you have been discriminated against because of your race, color, national origin, sex, religion, age, physical or mental disability, protected genetic information, or reprisal for prior EEO activity or opposition to illegal discrimination.

Your written complaint must be filed within **15 CALENDAR DAYS** of the date you received a "Notice of Right to File a Complaint." Failure to submit a timely complaint can result in the dismissal of your formal complaint in accordance with 29 C.F.R. § 1614.107.

Your EEO Counselor is not authorized to receive your formal complaint on behalf of the Office of Civil Rights (S/OCR). Your complaint must be submitted directly to S/OCR by email, fax or mail at the contact information provided below.

Email: SOCRComplaintChannel@state.gov

Fax: (202) 647-4969

Telephone: (202) 647-9295

Mailing Address: U.S. Department of State
2201 C Street, NW, Room 7428
Washington, DC 20520-7428

Submitting your complaint by email is the recommended method to ensure prompt processing of your formal complaint. If filing by mail, please allow at least 15 calendar days for receipt.

Please be specific in stating the facts concerning your complaint when completing this form. Keep in mind that you may agree to resolve your complaint at any stage in the process. Also, you may have a representative at all stages of the processing of your complaint.

If your complaint is dismissed, you will be advised in writing of the reason(s) and informed of your right to appeal to the Equal Employment Opportunity Commission (EEOC).

If your complaint is accepted, you will have an opportunity to talk with an investigator and to give them all the testimonial and documentary evidence that you believe will support your complaint. Upon completion of the investigation of your complaint, you will receive a copy of the investigative file. At that time you may request either: (1) an immediate final decision from the Department of State based on the evidence in the file, or (2) a hearing and decision from an EEOC Administrative Judge.

The Director for Civil Rights issues a Final Agency Decision based on the file or a Final Order based on a decision from the EEOC. If you are not satisfied with the agency's decision or Final Order, you will have the right to file an appeal with the EEOC's Office of Federal Operations:

Fax: (202) 663-7022

Mailing Address: EEOC Office of Federal Operations
P.O. Box 77960
Washington, DC 20013

To be timely, you must file your appeal within 30 calendar days of your receipt of the Final Agency Decision or Final Order.

For questions concerning the discrimination complaint process or completion of this form, contact S/OCR by using the contact information listed above.



U.S. Department of State
Office of Civil Rights (S/OCR)

FORMAL COMPLAINT OF DISCRIMINATION

PRIVACY ACT STATEMENT (5 U.S.C. § 552(a))	
AUTHORITY	Public Law 92-261
PRINCIPAL PURPOSE	Used for processing complaints of discrimination because of race, color, national origin, sex, religion, age, physical or mental disability, genetic information, or reprisal for prior EEO activity or opposition to illegal discrimination. Complaints can be submitted by Department of State employees, former employees, applicants for employment, and some contract employees.
ROUTINE USES	Information will be used (a) as a data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts; (b) to respond to general requests for information under the Freedom of Information Act; (c) to respond to requests from legitimate outside individuals or agencies (White House, Congress, Equal Employment Opportunity Commission) regarding the status of a complaint or appeal; or (d) to adjudicate a complaint or appeal.
DISCLOSURE	Voluntary, however, failure to complete all appropriate portions of this form may lead to a delay in processing and/or rejection of the complaint on the basis of inadequate data to continue processing.
COMPLAINANT CONTACT/PERSONAL INFORMATION	
1. Name (Last, First, MI.)	2. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Home Telephone (Include area code or country code if overseas)	4. Home E-Mail Address
5. Mailing Address (Include ZIP code, if applicable)	
6. Work Telephone (Include area code or country code if overseas)	7. Work E-Mail Address
8. Work Address	9. Are you working for the Federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Aggrieved is a(n): <input type="checkbox"/> Civil Service Employee <input type="checkbox"/> Foreign Service Employee <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> LE Staff <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor - You must complete the formal complaint addendum for contractors and submit it with this complaint	
11. Title and Grade of Current Position	12. Current Employer
REPRESENTATIVE/ATTORNEY INFORMATION	
13. Do you have a representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. If yes, provide name of representative.
15. Is your representative an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Address
17. Telephone (Include area code)	18. E-Mail
COMPLAINT INFORMATION	
19. Bureau/Office/Post Where Discrimination Allegedly Took Place	20. Date of Most Recent Alleged Discriminatory Act (mm-dd-yyyy)
21. Individual(s) You Believe Are Responsible for Alleged Discrimination (Indicate whether the individual(s) named are your current rater or reviewer)	

21. Why do you believe you were discriminated against? (Check all that apply and specify.)

<input type="checkbox"/> Race _____	<input type="checkbox"/> Color _____	<input type="checkbox"/> Age (mm-yyyy) _____
<input type="checkbox"/> Genetic Information _____	<input type="checkbox"/> National Origin _____	<input type="checkbox"/> Religion _____
<input type="checkbox"/> Sex _____		
<input type="checkbox"/> Disability (Check all that apply and specify)		
<input type="checkbox"/> Mental _____		
<input type="checkbox"/> Physical _____		
<input type="checkbox"/> Reprisal (Provide date. Check all that apply, and specify)		
Date of Protected EEO Activity (mm-dd-yyyy) _____		
<input type="checkbox"/> Engaging in prior protected activity (Specify) _____		
<input type="checkbox"/> Opposing discriminatory policies or practices (Specify) _____		
<input type="checkbox"/> Other (e.g., Veteran's preference, marital status, etc.) _____		

22. Did you discuss your complaint with an EEO Counselor?

☐ Yes ☐ No

23. Name of EEO Counselor

24. Date Notice of Right to File Received (mm-dd-yyyy)

25. Explain specifically how you believe you were discriminated against (treated differently from other employees or applicants) based on the EEO basis(es) you identified above. Include dates and the names of individuals who are relevant to your allegations.

(Space will expand to fit. Attach additional sheets if necessary. To print the additional pages (addendum), check the print addendum box in the right hand corner of the print dialog box.)

26. What remedies are you seeking to resolve your EEO complaint?

(Space will expand to fit. Attach additional sheets if necessary. To print the additional pages (addendum), check the print addendum box in the right hand corner of the print dialog box.)

27. Have you filed a grievance with the Grievance Staff (GTM/G) on the matter(s) raised in this EEO complaint? (See 3 FAM 4700).

☐ No ☐ Yes Grievance Date Filed (mm-dd-yyyy) _____

28. Have you filed an appeal with Merit Systems Protection Board (MSPB) on the matter(s)?

☐ No ☐ Yes Appeal Date Filed (mm-dd-yyyy) _____

29. Complainant's Signature

Date (mm-dd-yyyy)