

EEO INFORMAL INQUIRY INTAKE FORM

DATE OF REQUEST: _____

NAME: _____

Employee _____ Applicant _____

Job Title/Series/Grade: _____

Place of Employment: _____

Branch: _____ Supervisor: _____

Work Address: _____

Work Phone: _____ Home Phone: _____

Email Address: _____ Fax No.: _____

NAME OF REPRESENTATIVE (IF APPLICABLE): _____

Address: _____

Work Phone: _____ Home Phone: _____

Email Address: _____

DATE OF INITIAL CONTACT: _____

Office Visit _____ Telephone _____ Other _____

DATE OF ALLEGED INCIDENT: _____

BASIS (ES):

_____ Race (Black) _____ Color (Specify) ___ Sex (Specify)
 _____ Age (Date of Birth) _____ Religion (Specify) _____ National Origin (Specify)
 _____ Disability (Specify Physical or Mental) ___ Reprisal (Identify prior event)

CLAIMS/ISSUES:

<input type="checkbox"/>	Appointment/Hire	<input type="checkbox"/>	Evaluation/Appraisal	<input type="checkbox"/>	Reasonable Accommodation
<input type="checkbox"/>	Assignment of Duties	<input type="checkbox"/>	Examination/Test	<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Awards	<input type="checkbox"/>	Harassment (Non-Sexual)	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Conversion to Full-Time	<input type="checkbox"/>	Harassment (Sexual)	<input type="checkbox"/>	Termination
<input type="checkbox"/>	Demotion	<input type="checkbox"/>	Medical Examination	<input type="checkbox"/>	Terms and Condition of Employment
<input type="checkbox"/>	Reprimand	<input type="checkbox"/>	Pay Including Overtime	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Suspension	<input type="checkbox"/>	Promotion/Non-Selection	<input type="checkbox"/>	Training
<input type="checkbox"/>	Removal	<input type="checkbox"/>	Reassignment – Request Denied	<input type="checkbox"/>	Reassignment – Directed
<input type="checkbox"/>	Duty Hours	<input type="checkbox"/>	Other (Identify)	<input type="checkbox"/>	

SUMMARY OF ISSUES: _____

WHAT CORRECTIVE ACTIONS ARE YOU SEEKING?

DATE EEO COUNSELOR ASSIGNED: _____
NAME OF EEO COUNSELOR: _____
COMMENTS: _____

FOR EEO OFFICE USE ONLY _____