

**EQUAL EMPLOYMENT OPPORTUNITY (EEO)
INTAKE FORM
(REQUEST FOR EEO COUNSELING)**

You are encouraged to fill out the entire form, please read each section carefully and answer each question fully. You will be able to discuss your specific allegations with the EEO Counselor at your agreed upon initial interview. You must remain in communications with your counselor throughout the EEO process.

Please note allegations of discrimination are required to be brought to the attention of an EEO official within *45-calendar days* of the date of the alleged discriminatory event, or in the case of a personnel action, within 45-calendar days of the effective date of the action. You may submit this form along with other supporting documentation you wish to submit to the EEO Office by mail to 800 North Capitol St. NW, Suite 745 Washington, DC 20002 or by email at Kristena.Jenkins@csosa.gov, Denisha.Armstead@csosa.gov or Denise.Clark@csosa.gov.

CONTACT INFORMATION

DATE OF INITIAL CONTACT: _____
Office Visit _____ Telephone _____ Other _____

NAME: _____

Job Title/Series/Grade: _____

Name of Agency: _____

Branch/Team: _____

1st Level Supervisor: _____

2nd Level Supervisor: _____

Work Address: _____

Home Address: _____

Work Phone: _____ Home Phone: _____

Email Address(es): _____

BARGAINING UNIT STATUS (IF APPLICABLE) YES _____ NO _____

NAME OF REPRESENTATIVE (IF APPLICABLE): _____

Address: _____

Work Phone: _____ Home Phone: _____

Email Address: _____

DO YOU NEED A REASONABLE ACCOMMODATION FOR A DISABILITY DURING COUNSELING?

(If Yes, Please be specific)

TO BE COMPLETED BY COUNSELOR UNLESS AGREED UPON OTHERWISE

REASON YOU FEEL YOU WERE DISCRIMINATED AGAINST

(CHECK ONLY THOSE REASONS THAT YOU BELIEVE IMPACTED THE ALLEGED DISCRIMINATION)

_____ **Race (Specify):** _____

_____ **Color (Specify):** _____

_____ **Sex ((Gender identity -- Male, Female, Others), (Sexual Orientation),
(Pregnancy, childbirth, and related medical condition accommodation))
(Specify):** _____

_____ **Age (Year of Birth):** _____

_____ **Religion (Specify):** _____

_____ **National Origin (Specify):** _____

_____ **Pregnancy Discrimination (Specify):** _____

_____ **Equal Pay (Specify):** _____

_____ **Disability (Physical, Mental, Genetic Information) (Specify):** _____

_____ **Reprisal/Retaliation (Identify prior EEO activity):** _____

DATE OF ALLEGED INCIDENT (45TH EVENT)¹: _____

DATES OF OTHER ALLEGED INCIDENTS:

CLAIMS/ISSUES:

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

¹ 45th Event cannot be after the date of contact with the EEO Office.

SUMMARY OF ISSUE (ATTACHED SHEET IF NECESSARY):

DESCRIBE WHY YOU FEEL YOU WERE SUBJECTED TO DISCRIMINATION

HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB), OFFICE OF SPECIAL COUNSEL (OSC) OR AN ADMINISTRATIVE GRIEVANCE REGARDING THIS ISSUE: YES _____
NO _____

NAME THE MANAGEMENT OFFICIAL YOU BELIEVE IS RESPONSIBLE FOR THE ACTION: _____

WHAT CORRECTIVE ACTIONS ARE YOU SEEKING? _____

DATE EEO COUNSELOR ASSIGNED: _____

NAME OF EEO COUNSELOR: _____

COMMENTS: _____

PRIVACY ACT STATEMENT FOR EEO COMPLAINT PROCESSING

This statement is provided in compliance with the provision of the Privacy Act of 1974 (PL 93-579) as amended, which requires that Federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested.

AUTHORITY. The Agency's discrimination complaint procedure is authorized by 42 USC 2000E-16, the Equal Employment Act of 1972.

PRINCIPAL PURPOSE. The information requested on the EEO Contact Form is needed to establish the case records and to assist assigned EEO personnel in the processing of your complaint.

ROUTINE USES. The EEO Contact Sheet and the information furnished therein will be used by EEO personnel in the performance of their official duties related to the processing of the complaint. In addition, it may be used when needed by investigators, hearing examiners or by representatives of the Office of Personnel Management, Department of Justice, Equal Employment Opportunity Commission, and the courts concerned with the processing of discrimination complaints and appeal cases, should you subsequently file a formal EEO complaint.

MANDATORY OR VOLUNTARY DISCLOSURE. The information you provide is entirely voluntary and will be protected in accordance with the policies, procedures, and safeguards adopted under the Privacy Act. If you do not furnish the information requested on the form, there will be no adverse consequences to you; however, failure to furnish the information could result in limiting any action which could be taken in resolving your complaint.

Signature & Date

Please use this space if needed to provide additional information on questions above:

- *For Law Enforcement Purposes:* To disclose pertinent information to the appropriate Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation or order, where CSOSA becomes aware of an indication of a violation or potential violation of a civil or criminal law or regulation.
 - *For Litigation:* To disclose information to the Department of Justice for the purpose of representing CSOSA, or its components or employees, pending or potential litigation to which the record is pertinent.
 - *For Judicial/Administrative Proceedings:* To disclose information to another Federal agency, a court, grand jury, or a party in litigation before a court or administrative proceeding being conducted by a Federal agency, when the Federal Government is a party to the judicial or administrative proceeding.
 - *For National Archives and Records Administration:* To disclose information to the National Archives and Records Administration for use in records management inspections conducted under the authority of 44 U.S.C. §§ 2904 and 2906.
 - *For Congressional Inquiry:* To provide information to a Member of Congress or staff acting upon the Member's behalf when the Member or staff requests the information on behalf of, and at the request of, the individual who is the subject of the record.
 - *For Data Breach and Mitigation Response:*
 - To provide information to appropriate agencies, entities, and persons when (1) the CSOSA suspects or has confirmed that there has been a breach of the system of records; (2) the CSOSA has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the CSOSA (including its information systems, programs, and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the CSOSA's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.
 - To provide information to another Federal agency or Federal entity, when CSOSA determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach, or (2) preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity (including its information systems, programs and

operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.