



## Court Services and Offender Supervision Agency for the District of Columbia

*Office of the Director  
Equal Employment Opportunity,  
Diversity, and Special Programs*

### COMPLAINT OF DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX NATIONAL ORIGIN, AGE, DISABILITY, AND/OR REPRISAL

**Privacy Act Information:**

**Authority:** Pursuant to 42 U.S.C. §§ 2000e-5(b), 42 U.S.C. §§ 2000e-16(a), (b) and (c) and 29 CFR Part 1614, this information is collected to create a factual record to process Equal Employment Opportunity (EEO) matters, adjudicate EEO complaints in a timely manner, order relief if appropriate, and prepare reports mandated by the Equal Employment Opportunity Commission (EEOC).

**Purpose:** Information is collected to track equal employment opportunity (EEO) cases and enable contact with the Agency employee, former employee, or applicant initiating the EEO process.

**Routine Use:** Information may be disclosed for any of the CSOSA "Blanket Routine Uses." A copy of those uses are attached hereto.

**Disclosures:** Disclosures are voluntary; however, failure to provide the information may delay or prevent the processing of an EEO matter.

1. Complainant's full name ( <i>Last, First, Middle</i> ):	2. Birth Date	
3. Do you need a reasonable accommodation during the formal complaint process:	4. If yes, please specify:	
5. Work telephone number ( <i>Include Area Code</i> ):	6. Home telephone ( <i>Include Area Code</i> ):	
7. Home Address ( <i>Number, Street, City, State, Zip Code</i> ):	7a. Email Address:	
8. Representative Name, Address, Telephone, and Email:		
9. Name and Address of the CSOSA/PSA office and individual you believe discriminated against you:	10. Date (Month, Day, Year) when the most recent alleged discrimination took place:	

11. Are you now working for the Federal Government?  YES  NO, If "YES", Provide the title and grade of the job you held when the alleged discrimination took place, and the name and address of the agency where you currently work (Include Street Number, City, State, and Zip Code):

12. Check (x) the basis of alleged discrimination:

- Race  Black  White  Amer. Indian/Alaska Native  Asian/Pacific American  
 Other (Specify): \_\_\_\_\_
- Color:  Black  White  Amer. Indian/Alaska Native  Asian/Pacific American  
 Other (Specify): \_\_\_\_\_
- Sex:  Male  Female  Other Gender Identity (Specify) \_\_\_\_\_  
 Sexual Orientation (Specify) \_\_\_\_\_
- Pregnancy, childbirth, and related medical conditions accommodation (Specify) \_\_\_\_\_
- National Origin:  Hispanic  Other (Specify): \_\_\_\_\_
- Age: (Year of Birth) (Specify) \_\_\_\_\_
- Pregnancy Discrimination: \_\_\_\_\_
- Disability:  Physical  Mental  Genetic Information (Specify): \_\_\_\_\_
- Reprisal/Retaliation (Prior EEO activity): \_\_\_\_\_
- Religion (Specify): \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

13. CLAIMS/ISSUES:

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

14. Have you appealed this matter to the Merit Systems Protection Board (MSPB)? If "YES" provide date:  
 YES  NO Date: \_\_\_\_\_

15. Have you filed a grievance on this matter? If "YES", provide date:  
 YES  NO Date: \_\_\_\_\_

16. <u>Explain how believe you were discriminated against because of your race, color, religion, sex, national origin, age, disability and/or reprisal that you raised during your previous informal Complaint. (If you did not raise any of the issues during the informal process, please explain why.)</u>	
17. What corrective action are you seeking?	
18. Did you participate in ADR during the informal complaint process?	
19. Would you be willing to resolve your complaint through the ADR process?	
20. Name of EEO Counselor who you contacted concerning this alleged discrimination.	21. Date of contact (Month, Day, Year):
22. Complainant's Signature:	23. Date signed (Month, Day, Year):

*No Faxed Copy of this Complaint will be accepted.*

## CSOSA's Blanket Routine Uses

- *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.