

# EQUAL EMPLOYMENT OPPORTUNITY CONTACT FORM

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, USC 3331, 552, 552a; 10 USC 10204; Executive Orders (EO) 10450, 10865, and 12333.

**PRINCIPAL PURPOSE:** The information requested is for the purpose of gathering information related to your complaint to include your Personally Identifiable Information (PII).

**ROUTINE USES:** Solely used to gather information related to your Equal Employment Opportunity complaint.

**DISCLOSURE:** Providing requested information is voluntary. However, resolution of your complaint may not be resolved if all requested information are not provided. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in performance of their official duties. Deliver this document directly to the intended recipient. **DO NOT** drop off, send to an unauthorized third-party or send via e-mail un-encrypt. Sending PII via regular e-mail is highly discouraged. Regular e-mail is sent "in the clear" and therefore is subject to interception by hackers. There are many other options for sending private, sensitive information or PII securely through e-mail. Please research these options and use them accordingly. This document contains personal or privileged information and should be treated as "For Official Use Only (FOUO)".

### \*\*\*SECTION I - EEO OFFICE USE ONLY\*\*\*

a. DATE EEO OFFICE CONTACTED:	b. DOCKET NUMBER:	c. DATE EEO INTAKE:
d. COUNSELOR ASSIGNED: <input type="checkbox"/> YES <input type="checkbox"/> NO NAME: DATE:	e. METHOD OF CONTACT: <input type="checkbox"/> WALK-IN <input type="checkbox"/> e-MAIL <input type="checkbox"/> MAIL <input type="checkbox"/> PHONE <input type="checkbox"/> FAX OTHER: DATE:	

### INSTRUCTIONS:

1. Items with an asterisk (\*) are required entries.
2. Complete the entire form: (a) ensure that all required fields are completed, (b) when done, please select the "Submit via e-Mail" button at the bottom on any page and follow the prompts.
3. If you can not send the form utilizing the "Submit via e-Mail" prompts, please save the form to your computer and e-mail, mail or hand carry the form utilizing any of the following addresses or fax below (e-mail is the most preferred submission):

Equal Employment Opportunity Office  
1670 Craig Road  
Fort Sill, Oklahoma 73503

[usarmy.sill.id-training.mbx.usag-eeo@army.mil](mailto:usarmy.sill.id-training.mbx.usag-eeo@army.mil)  
Telephone: (580) 442-4024  
Fax: (580) 442-7205

### SECTION II - INDIVIDUAL

a. TITLE:	b. NAME: *FIRST:	MI:	*LAST:	SUFFIX:
c. *SSN: - -	d. *DOB:	e. RACE/NATIONALITY/ORIGIN:		
f. GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	g. *e-MAIL:			
h. *OCCUPATION:		i. EMPLOYEE TYPE:		
j. PAY PLAN:	k. SERIES:	l. GRADE:	m. *CLAIM:	
n. COUNTRY:	o. *ANONYMOUS: <input type="checkbox"/> YES <input type="checkbox"/> NO		p. OTHER:	
q. *ADDRESS 1: _____		ADDRESS TYPE: <input type="checkbox"/> HOME		
ADDRESS 2: _____		<input type="checkbox"/> WORK		
CITY: _____	STATE: _____	ZIP CODE: _____		
r. *PHONE:	s. FAX:	t. CELL:		
u. AGENCY/DEPARTMENT:		v. PHONE:		

### SECTION III - BASIS OF DISCRIMINATION

**I believe that I have been (or someone else has been) discriminated against on the basis(es) of:**

- Race  Religion  Sex (including pregnancy)  National Origin  Retaliation/Reprisal  
 Color  Age (40+)  Disability (Mental/Physical)  Genetics **Date of Prior EEO Activity:** \_\_\_\_\_

# EQUAL EMPLOYMENT OPPORTUNITY CONTACT FORM

## SECTION IV - "STATEMENT"

Please explain as clearly as possible what happened and why you believe you were discriminated. Include the names and contact information (if available) of all persons who were directly involved or with firsthand knowledge of the event(s). When describing the event(s) please refer to the examples below as a guideline to describe the action(s) and/or event(s) that occurred.

### **Basis**

The factor or factors prohibited by EEO law upon which the complainant alleges that management's action or inaction was based, for example, "sex (female), race (African American).

### **Who**

The individual(s) allegedly responsible for the discrimination action and/or event. Be sure to identify them by a title that will show their organizational relationship in the complaint, for example, "not selected by the Chief, Transportation Division."

### **What**

The action or inaction that was based on discrimination, such as non-selection or performance appraisal. Please clearly identify what is in question, for example, "not selected by the Chief, Transportation Division from Merit Promotion Certificate XYZ for the position of Driver."

### **When**

The time frame of the action or inaction that the complainant alleges was based on discrimination. Be sure to give a specific date, for example, "not selected, on October 31, 2011, by the Chief, Transportation Division from Merit Promotion Certificate XYZ for the position of Driver."

### **Where**

The organization involved in the action or inaction that the complainant alleges was based on discrimination. Be sure to pinpoint the lowest organizational level involved, for example "not-selected, on October 31, 2011, by the Chief, Transportation Division from Merit Promotion Certificate XYZ for the position of Driver in the Motor Pool."

**EQUAL EMPLOYMENT OPPORTUNITY CONTACT FORM**

**SECTION IV - "STATEMENT CONTINUE"**

**EQUAL EMPLOYMENT OPPORTUNITY CONTACT FORM**

**SECTION IV - "STATEMENT CONTINUE"**

# EQUAL EMPLOYMENT OPPORTUNITY CONTACT FORM

## \*SECTION V - "RELIEF SOUGHT" (WHAT REMEDY(IES) ARE YOU SEEKING)?

*Based on your complaint from Section III, What remedy(ies) are you seeking?:*

# EQUAL EMPLOYMENT OPPORTUNITY CONTACT FORM

## SECTION VI - OTHER FEDERAL, STATE, OR LOCAL AGENCY OR COURT

a. Have you filed this complaint with any other federal, states, or local agency or court?  YES  NO

If yes, check all that apply:

Federal Agency: \_\_\_\_\_  Other: \_\_\_\_\_

State Agency: \_\_\_\_\_

Local Union: \_\_\_\_\_

b. Please provide contact information for the person you spoke to at the above agency:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

*You may attach any written materials or other information that you think is relevant to your complaint.*

*By clicking this box I understand that this form is for information and initial contact only with the EEO office and that I have not filed an EEO complaint yet.*

*Please sign and return to EEO Office.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

***If you need assistance completing this form, contact the EEO Office listed on page one of this form.***