

FAX 904-542-3255

EEO INTAKE FORM

You are encouraged to complete this intake form before meeting the EEO Counselor. If necessary, additional sheets may be used. Responses on the continuation sheets should be numbered to match the number of the questions. If a particular question is not applicable, respond with N/A.

Please note allegations of discrimination are required to be brought to the attention of an EEO official within forty-five days of the alleged dispute or within forty-five days of becoming aware of the dispute.

1. Name: _____

DO YOU WISH TO REMAIN ANONYMOUS _____

E-mail: _____

UIC _____

2. Grade____ Series_____

3. Are you covered by the National Security Personnel System (NSPS)?

4. Name of current command with complete mailing address:

5. Social Security Number (Last four only):

6. Work Phone Number (include area code):

7. Home Address:

8. Home Phone Number (include area code):

9. Name of command and position held at the time of the alleged dispute: or
Command you are filing this claim against.

10. Bargaining Unit Status (BUS) Code (if applicable):

11. Personal Representative:

12. Personal Representative's address and phone number (including area code):

13. Date(s) incident(s) occurred:

14. Identify the Management official(s) you believe is responsible for the dispute:

15. Please identify the basis for your informal EEO complaint from the following categories:

| | | | |
|--|--|--|--|
| | Race (If so state your race) | | NATIONAL ORIGIN (If so, state origin) |
| | Color (if so, state your color) | | Sex ___ Male ___ Female |
| | Religion (If so, state your religion) | | AGE Date of Birth |
| | Disability (Please describe) ___ Mental ___ Physical | | Reprisal (If so, date and description of prior protected activity) |

Issues

- | | | |
|---------------------------------|--------------------------------|--------------------------------|
| ___ Appointment /Hire___ | ___ Assignment of Duties | ___ Awards |
| ___ Conversion to full time | ___ Demotion | ___ Reprimand |
| ___ Suspension | ___ Termination | ___ Disciplinary Action |
| ___ Duty Hours | ___ Examination/Test | ___ Evaluation/Appraisal |
| ___ Harassment(Nonsexual) | ___ Harassment (Sexual) | ___ Pay/Overtime |
| ___ Promotion/Non- Selection | ___ Reassignment (Denied) | ___ Reassignment (Directed) |
| ___ Reinstatement | ___ Retirement | ___ Time & Attendance |
| ___ Training | ___ Condition of Employment | ___ Other_____ |

Prior EEO activity yes/no Date:

16. Please describe in detail the specific date(s), event(s) or incident(s) which you believe led to the dispute. Be specific as to the date(s) of each incident(s), management official(s) you believe responsible for the dispute, and the harm you have suffered because of the dispute.

17. Please describe, in detail, the remedy you believe would resolve your dispute. (Please attach documentation in your possession that supports and/or is related to your dispute.)

18. Please identify witnesses who have direct knowledge of the dispute (if any) by name, full address, and telephone numbers for each witness. Indicate the nature of information the witness will be providing.

PRIVACY ACT STATEMENT FOR EEO COMPLAINT PROCESSING

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

AUTHORITY. The Navy'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 Intake sheet is needed to establish the case records and to assist assigned EEO personnel in the processing of your complaint.

ROUTINE USES. The EEO Intake 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, Agency counsels and the courts concerned with the processing of discrimination complaints and appeals 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