



US DEPARTMENT OF AGRICULTURE
CORPORATE SERVICES DIVISION
EEO COUNSELING INTAKE FORM

Complaint Number:		
Date of Initial Contact with the EEO Office		
Date form received		
Name of Aggrieved Person		
Job Title, Series and Grade		
Email Address		
Home Address		
Home Telephone Number		
Work Telephone Number		
Cell phone Number		
Office Title and Work Address		
<p>Designation of Representative: You have the right to retain representation of your choice. If you want someone other than yourself to represent you, you must elect the representative in writing. The representative can be anyone of your choosing. You may elect to have a representative at any stage in the process.</p>		
Name of Representative:		
Representative's Address:		
Representative's Phone Number:		
<p>Is your representative an employee of the Department? Yes _____ No _____</p>		
<p>Anonymity: You have the right to remain anonymous at the counseling stage of EEO Complaint Processing. Do you wish to remain anonymous?</p> <p>Yes _____ No _____</p>		
<p>ALLEGED BASES: Check and specify the basis(es) on which you believe you were discriminated against. If you are alleging age discrimination, give your date of birth. To file a complaint based on age, you must have been at least 40 years old when the incident occurred. If you're alleging discrimination based on handicap, given the nature of your handicap. If you are alleging discrimination based on retaliation/reprisal, you must have had prior involvement in the EEO complaints process. For example previously entered counseling, filed a formal complaint, or witness in a complaint.</p>		
1. Race	5. Sex (Female)	11. Reprisal
Specify:	6. Sex (Male)	Specify:
2. Color:	7. Sex (Gender Expression)	12. Genetic Information
Specify:	8. Religion	13. Sexual Orientation
3. Age	Specify:	14. Political Party
Specify DOB:	9. Mental Disability	15. Parental Status
4. National Origin	Specify:	16. Marital Status
Specify Place of Origin:	10. Physical Disability	17. Other
	Specify:	Specify:
<p>Claims of discrimination on the following bases are not covered by Federal anti-discrimination statutes: political belief, sexual orientation, marital status, family status, or parental status. Consequently, individuals who file EEO discrimination complaints on these bases have NO appeal rights after a final agency decision AND NO rights to a hearing before the Equal Employment Opportunity Commission.</p>		

US DEPARTMENT OF AGRICULTURE
CORPORATE SERVICES DIVISION
EEO COUNSELING INTAKE FORM

CLAIMS/MATTERS AT ISSUE:			
01. Appointment/Hire	09. Disciplinary Action	17. Reassignment-Request Denied	
02. Assignment of Duties	10. Duty Hours	18. Reassignment-Directed	
03. Awards	11. Examination/Test	19. Reinstatement	
04. Equal Pay Act Violation	12. Evaluation/Appraisal	20. Retirement	
05. Demotion	13. Harassment/Non-Sexual	21. Time & Attendance	
06. Reprimand	14. Sexual Harassment	22. Training	
07. Suspension	15. Pay Including Overtime	23. Terms/Conditions of Employment	
08. Termination	16. Promotion/Non-Selection	24. Reasonable Accommodation	
25. Other (Specify)			

INCIDENTS

Please identify the incident(s) giving rise to the complaint and provide the date of each incident/claim:

ALLEGED RESPONSIBLE MANAGEMENT OFFICIAL

What is the name, title, email address and contact number of the person(s) you believed discriminated against you?

1) Name	(Title)	Email:	(Tele #)
2) Name	(Title)	Email:	(Tele #)
3) Name	(Title)	Email:	(Tele #)
4) Name	(Title)	Email:	(Tele #)

Have you discussed this matter with the person(s) you believe is responsible? If so, what explanation did he/she give you?

OTHER WITNESSES

Are there any witnesses who have direct knowledge of the matter? Please give me the name and work telephone number of each witness and what you believe they know about the matters at issue.

1) Name	(Title)	Email:	(Tele #)
2) Name	(Title)	Email:	(Tele #)
3) Name	(Title)	Email:	(Tele #)
4) Name	(Title)	Email:	(Tele #)

OTHER FORUMS

Have you filed a **union grievance**? Yes _____ No _____

If so, what is the status of your grievance?

Have you filed an appeal with the **Merit Systems Protection Board**? Yes _____ No _____

If so, what is the status of the MSPB appeal? Please provide documentation.

--

PRIOR EEO PARTICIPATION

Have you participated previously in the EEO process? If so, when?

US DEPARTMENT OF AGRICULTURE
CORPORATE SERVICES DIVISION
EEO COUNSELING INTAKE FORM

Enclosures: Certificate of Receipt of Rights and Responsibilities
EEO Complaint Process Flow Chart
Fact Sheet on Traditional EEO Counseling and ADR

CSD Use Only.

Date complaint received: _____

Date of Contact/Intake: _____

Contact Person's Name: _____

If ADR elected, date file sent to ADR Sp: _____

Date ADR is concluded: _____ Resolved () Yes () No

If Counseling elected, date file sent for counselor assignment: _____