

NATIONAL GUARD BUREAU FORMAL COMPLAINT OF DISCRIMINATION

(The proponent agency is NGB-EO.)(For use of this form, see NRG (AR) 690-600/NGR (AF) 40-1613.)

PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title VII of the Civil Rights Act of 1964, as amended 42 USC 2000e and Title 29 Code of Federal Regulations, Part 1614.
2. **PRINCIPAL USES:** Used by National Guard Technicians in filing a formal complaint of discrimination.
3. **ROUTINE USES:** Used by State Adjutant General in accepting or dismissing complaints and when requesting investigations from the National Guard Bureau. The form becomes a part of the official complaint file. This information may be disclosed to the state National Guard, National Guard Bureau, National Guard Bureau, Equal Employment Opportunity Commission, state or federal courts for reviews, decisions, and appeals of decisions. The National Guard Bureau is the official custodian of record.
4. **DISCLOSURE:** Disclosure is voluntary. A complainant in filing a formal complaint of discrimination must complete this form. It is not mandatory in that complaints of discrimination will be accepted if submitted in other formats. Failure to provide information as specified may result in delay or dismissal of a complaint.

INSTRUCTIONS

Any technician or applicant for technician employment who believes that he or she has been discriminated against because of race, color, religion, gender (including sexual harassment), national origin, age, or physical or mental handicap, in an employment matter subject to the control of the State National Guard or the National Guard Bureau, may file an individual complaint of discrimination. Before a formal complaint can be filed, the complainant must first present the matter as an informal complaint to an EEO Counselor or the SEEM within 45 calendar days from the date of the alleged discriminatory event or the personnel action took place. Each issue must state a specific incident, to include dates, so that its scope is clear. Also each issue must have been discussed with an EEO Counselor. The counselor will assist you in stating acceptable issues in clear terms. Any issues that are not clear and specific will be returned for clarification or may be dismissed.

TO BE COMPLETED BY SEEM

The matters giving rise to the complaint will be coded using one or more of the following codes:

CATEGORY	CODE	CATEGORY	CODE	CATEGORY	CODE
Appointment/Hire	(1)	Duty Hours	(10)	Reassignment	
Assignment of Duties	(2)	Equal Pay Act Violation	(11)	Request Denied	(18)
Awards	(3)	Examination Test	(12)	Directed	(19)
Conversion to Full-Time	(4)	Evaluation/Appraisal	(13)	Reinstatement	(20)
Disciplinary Action:		Harassment		Retirement	(21)
Demotion	(5)	Non-Sexual	(14)	Time and Attendance	(22)
Reprimand	(6)	Sexual	(15)	Training/Education	(23)
Suspension	(7)	Pay Including Overtime	(16)	Terms/Condition of Employment	(24)
Termination	(8)	Promotion/Non-Selection	(17)	Other	(25)
Other	(9)				

ENTER CODE(S) MATTER(S) GIVING RISE TO THE COMMENT									
---	--	--	--	--	--	--	--	--	--

DATE COUNSELOR CONTACTED:	DATE OF INITIAL INTERVIEW:	DATE OF FINAL INTERVIEW:
---------------------------	----------------------------	--------------------------

DATE FILED WITH SEEM:	BASED ON:	<input type="checkbox"/> POSTMARK	<input type="checkbox"/> DELIVERY
		<input type="checkbox"/> FAXED	<input type="checkbox"/> NO LEGIBLE POSTMARK (use 5 days before receipt)

1. NAME OF COMPLAINANT: (Last Name, First Name, Middle)

2. HOME ADDRESS: (Including Zip Code)	3. TELEPHONE NUMBERS	
	a. BUSINESS:	COMM:
		DSN:
	b. HOME:	

3. ACTIVITY OR UNIT IN WHICH DISCRIMINATION TOOK PLACE:	5. ARE YOU PRESENTLY A: (Check one)
	<input type="checkbox"/> Technician <input type="checkbox"/> Applicant for Employment <input type="checkbox"/> Former Technician

13. SPECIFIC ALLEGATION AND ISSUES: *(Continued)*

14. SIGNATURE OF COMPLAINANT:

DATE:

Do not date before you receive a Notice of Final interview and Right to File a Complaint from your EEO Counselor.