EEO CONTACT SHEET

NAME: Date EEO Office Contacted

Docket NO. Date EEO Intake

Counselor Assigned: ☐ YES ☐ NO Name: Date

Method of Contact: ☐ Walk In ☐ Phone ☐ E-mail ☐ Mail ☐ Fax Other:

Section 1

Title *First MI *Last Suffix

Gender: ☐ Male ☐ Female *E-mail:

Country: Address Type: ☐ Home ☐ Work *Claim:

*Address 1: Other:

Address 2:

City State Zip Code

*Phone FAX Cell

Agency/Department Phone

Additional Information for Complaint

Section 2

*SSN *DOB RNO Employee Type

*Occupation:

Pay Plan Specify Series Grade Specify

*Anonymous ☐ YES ☐ NO

NOTE: Data Fields marked with an asterisk (*) are required.

EEO Contact

Basis(es): Employee must allege a discriminatory reason for that action based on one of the nine categories of protected classes. Please add your statement using pages 3- 5.

Were you discriminated against based on?

- ☐ Race
- ☐ Age (40+)
- ☐ Color
- ☐ Disability (Mental/Physical)
- ☐ Religion
- ☐ Retaliation/ Reprisal
- ☐ Sex (including pregnancy)
- ☐ Genetics
- ☐ National Origin

Date of Prior EEO Activity:

* Relief Sought

How were you discriminated: (Please list and specify the claims and bases separately and provide specific factual information in support of each allegation)

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