

# 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.imcom-central.mbx.usage-eeo@mail.mil](mailto:usarmy.sill.imcom-central.mbx.usage-eeo@mail.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:** \_\_\_\_\_

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## SECTION IV - "STATEMENT"

**1. Basis(es):** *Employee must allege a discriminatory reason for that action based on one of the nine categories of protected classes from Section III, "Basis of Discrimination" on page 1. Please add your statement using pages 2-4.*

**2.** *Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses.*

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**SECTION IV - "STATEMENT CONTINUE"**

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

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

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## 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.***