**Requested Documents for Pending EEO Investigations**

**Complainant’s Name:** govcdm\_firstname govcdm\_lastname

**Case Number:** govcdm\_name

**Date Filed:** **govcdm\_dateformalcomplaintfiled**

**Instructions:** Please provide documents checked (√) below. This information is due in the ORMDI Field Office within ten (10) days of receipt of request. Documents must be accompanied by a statement from an appropriate official certifying the documents as true and accurate. Statements must be on official stationery, dated, signed and must include the title of the certifying official. The EEO category(s)/bases of this complaint are checked (√) below:

**EEO CATEGORIES (BASES)**

**Race Color Age (DOB)**

**Sex National** O**rigin Disability**

**Religion Reprisal**

**Denial of Request for Detail or Reassignment**

**[]** Organizational chart for the organizational unit in which complainant was assigned at the time the requested action was denied.

**[]** Organizational chart for the organizational unit[[1]](#footnote-1) to which complainant requested to be detailed or reassigned at the time the requested action was denied.

**[]** Breakdown of the organizational unit **where the complainant was employed** at the time the requested action was denied. Provide name, position (title, series, and grade), and EEO category(s) as checked above for all employees and supervisors.

**[]** Breakdown of the organizational unit **where complainant requested detail or reassignment** at the time the request was denied. Provide name, position (title, series, and grade), and EEO category(s) for all employees and supervisors.

**[]** Breakdown of requests for detail or reassignment made within the organizational segment to which complainant was assigned at the time the requested action was denied, for the two-year period prior to the action in question. Provide employee name, position (title, series, and grade), and EEO category(s), date of request, action taken on request, date of approval or denial of request, and name, position, and protected group(s) of the agency official(s) effecting the action.

**[]** Complainant’s request, if submitted in writing, concerning action at issue.

**[]** Management’s denial of request, if made in writing, with any supporting documents.

**[]** Complainant’s position description or functional statement at the time of the request and the position description or functional statement of the position to which detail or reassignment was requested.

1. Organizational unit is defined as the section where complainant was employed (or sought employment if complaint was filed by an applicant for employment) when the complaint was filed. For example, if complainant worked for Human Resources Management (HRM) Service/Division in the Labor Relations Section, the organizational unit is the Labor Relations Section. [↑](#footnote-ref-1)