**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**

**Written counseling**

**[]** Organizational chart for the organizational unit that issued the written counseling.

**[]** Statistical breakdown of the organizational unit1 where the written counseling occurred.  Provide name, position (title, series, and grade), and EEO category(s) as checked above of all employees and supervisors.

**[]** Data on all written counseling affected by the Responding Management Official (RMO) going back two years from the action in question.  Provide employee name, position (title, series, and grade), EEO category(s), offense, date of action, and name,    position and EEO category(s) of agency officials taking the action.

**[]** Notice of actual written counseling and supporting documentation, e.g., witness  statements, report of any management inquiry or investigation conducted.

**[]** Complainant’s written reply to the counseling. If verbal, any memorandum documenting verbal reply.

**[]** Decision effecting the action and rationale used to determine penalty.

**[]** Any written counseling to complainant regarding the same or similar conduct during  previous two years.

**[]** Documentation of grievance or appeal, if applicable.

**[]** Pertinent regulatory guidelines and local policies and procedures concerning all written counseling in effect at the time of the action at issue.

**[]** Complainant’s position description or functional statement at time action was issued.