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| **EEO Investigative Affidavit (Complainant)** | | | | | Page Number  **1** | Number of Pages | | Case Number  2 |
| 1. Affiant’s Name (First, Middle, Last)  Kevin Phung | | | 2. Employing Postal Service Facility | | | | | |
| 3. Position Title | 4. Position Level | 5. Postal Address and ZIP + 4  31 N MAPLE AVE | | | | | 6. Unit Assigned  194 | |
| **Privacy Act Statement and Rehabilitation Act Notice** | | | | | | | | |
| **Privacy Act Statement:** Your information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not be able to process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service® (USPS®) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies visit www.usps. com/privacy policy. | | | | **Rehabilitation Act Notice:** Under the Rehabilitation Act, medical information is confidential and may only be requested or disclosed in very limited circumstances. Medical documentation about the complainant’s and possible comparison employees’ medical conditions and work restrictions may be requested in connection with the investigation of an EEO complaint. Information about medical restrictions (but not medical conditions) obtained in the course of an EEO investigation may be disclosed to supervisors and managers who need to know about restrictions on the work or duties of the employee and about necessary accommodations. Supervisors and managers are not permitted to share such information with peers or subordinates or to discuss the information with those who have no need to know and whose requests for the information are not job-related and consistent with business necessity. | | | | |
| **Important Information Regarding Your Complaint** | | | | | | | | |

This PS Form 2568-A, *EEO Investigative Affidavit (Complainant),* and the other form mentioned below, are being provided for you to use to fully respond to the accompanying questions. Mail or deliver your completed statement to the EEO complaints investigator within 15 calendar days of the date you received the forms. Use PS Form(s) 2569, *EEO Investigative Affidavit (Continuation Sheet),* as needed, to complete your written statement. Remember to number the top of each page and sign and date the bottom of each page of your statement. If you return your statement by mail, the return envelope must be postmarked on or before the 15th calendar day after the date that you received the affidavit forms. Failure to complete your statement and return the forms within the allotted time period could result in your complaint being dismissed based upon your failure to proceed. EEOC complaints processing regulation, 29 C.F.R. 1614.107(a)(7), states, in part, [A complaint may be dismissed] “Where the agency has provided the complainant with the written request to provide relevant information or otherwise proceed with the complaint, and the complainant has failed to respond to the request within 15 days of its receipt, or the complainant’s response does not address the agency’s request, provided that the request included a notice of the proposed dismissal.”

7. Statement (Use PS Form 2569 if additional space is required)

**PLEASE COMPLETE OR CORRECT BOXES 1 THROUGH 6 ABOVE.**

**PLEASE PROVIDE THE FULL MEANING OF ALL WORDS FOR WHICH YOU USE ACRONYMS OR ABBREVIATIONS. (base never delete)**

1. If you have a representative, please provide the following:
   1. Full Name
   2. Mailing Address
   3. Telephone number
   4. Title
   5. Are they an attorney – circle or underline one: yes / no.
2. Representative’s non-Postal email address **(required if you have a representative):**
3. What is your full name?
4. What is your position title, pay grade and work location address?
5. What is your mailing address?
6. What is your personal email address **(required\*)**? What is your personal telephone number?
7. Identify the name and title of your immediate supervisor during the time frame of the accepted issue(s) of this complaint.

**RACE ALLEGATIONS**

1. Identify your **race**.
2. Are the management officials who you allege discriminated against you in this complaint, aware of your **race**? If so, **when** (approximate date) and **how** did they become aware?

DISABILITY CLAIM 1:

1. What is your medical condition?
2. When did a physician first diagnose you with your medical condition?
3. How long does the physician expect you to have your medical condition?
4. Have you made your supervisor or any other management official aware of your medical condition? If yes, whom did you make aware and when?
5. Have you provided medical documentation which identifies your work-related restrictions? If so, to whom did you provide this documentation?
6. Please describe what duties, if any, you are not able to perform.
7. What work-related duties are you required to perform daily? Are you able to perform them?
8. What work restrictions do you have because of your medical condition?
9. What limitations do you have in your personal life because of this condition?

LAST QUESTION

1. What remedy do you request to resolve this complaint?