

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | Page Number  **1** | Number of Pages | Case Number  1 | |
| 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/privacypolicy.](http://www.usps.com/privacypolicy)

**EEO Investigative Affidavit** *(Witness)*

**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.

USPS Standards of Conduct

Postal Service regulations require all Postal Service employees to cooperate in any Postal Service investigation. Failure to supply the requested information could result in disciplinary action in accordance with ELM 665.3 and 665.6.

7. Statement (*Continue on 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.**

1. What is your full name?
2. Please state your:
   1. Position Title
   2. Level
   3. Location
   4. Telephone Number
   5. email Address
3. During the timeframe of this complaint, please identify your organizational relationship to the Complainant (i.e., Supervisor, Manager, coworker, etc.)?

**RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN AND AGE ALLEGATIONS**

1. Identify your **race**.
2. What do you believe Complainant’s **race** to be? **How** and **when** (approximate date) did you become aware of Complainant’s race?
3. Identify your **color**.
4. What do you believe Complainant’s **color** to be? **How** and **when** (approximate date) did you become aware of Complainant’s color?

**RETALIATION ALLEGATION**

1. Were you aware of the Complainant being involved in EEO activity prior to this complaint? (EEO activity includes filing a charge, testifying, assisting another, or participating in a discrimination proceeding; or otherwise opposing discrimination.) If so, when did you become aware of the Complainant’s EEO activity?
2. If you were named by the Complainant as a Responsible Management Official or witness, in a prior EEO Complaint that he/she filed or was involved in, please identify the case number(s) and identify the issue(s) involved in the complaint.
3. If you were involved in the prior EEO activity, what was your personal involvement in that case(s)?
4. If not involved, how did you become aware of the EEO activity?
5. When did you become aware of this EEO?

**DISABILITY ALLEGATION**

1. Are you aware of whether the Complainant suffers from any medical conditions or impairments? If so, what are they?
2. When and how did you become aware of the Complainant’s medical condition or impairment?
3. Have you received medical documentation in reference to the Complainant’s medical condition and if so when and what did you receive? Please provide a copy.
4. Please describe the specific duties which the Complainant is required to perform while at work; the skills and abilities required to perform those duties; and the frequency with which those duties are performed.
5. Does the Complainant have work limitations? If so, what are the limitations?
6. Does the complainant’s medical condition affect his/her ability to perform the work assignment? If so, how?

**LAST QUESTION**

1. Do you have anything relevant to add that has not already been addressed regarding the accepted claim(s) of this complaint? If so, please explain.