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| **EEO Investigative Affidavit (Complainant)** | | | | | Page Number  **1** | Number of Pages | | Case Number  {{ case\_number }} |
| 1. Affiant’s Name (First, Middle, Last)  {{ full\_name }} | | | 2. Employing Postal Service Facility  {{ work\_location }} | | | | | |
| 3. Position Title  {{ position\_title }} | 4. Position Level  {{ position\_level }} | 5. Postal Address and ZIP + 4  {{ address }} | | | | | 6. Unit Assigned  {{ unit }} | |
| **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\*)**?

{%- if hide\_investigator\_info -%}

***\*The email provided here will be used to send correspondence from NEEOISO, including your final Report of Investigation and appeal rights.***

{%- endif -%}

1. What is your personal telephone number?
2. Identify the name and title of your immediate supervisor during the time frame of the accepted issue(s) of this complaint.

**{{ purview\_title }}**

{% if show\_race\_section %}

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?

{% endif -%}

{% if show\_color\_section %}

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

{% endif -%}

{% if show\_religion\_section %}

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

{% endif -%}

{% if show\_sex\_section %}

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

{% endif -%}

{% if show\_sexual\_orientation\_section %}

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

{% endif -%}

{% if show\_national\_origin\_section %}

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

{% endif -%}

{% if show\_age\_section %}

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

{% endif -%}

{% if show\_retaliation\_section and complaint\_type.retaliation %}

{% for claim in complaint\_type.retaliation %}

**RETALIATION CLAIM {{ loop.index }}: {{ claim }}**

1. You alleged discrimination based on Retaliation. What was the EEO activity you engaged in that you believe is being used to retaliate against you? *(Protected EEO activity may include the following: filing a charge of discrimination or harassment; testifying, assisting another, or participating in a discrimination proceeding; or otherwise opposing discrimination, such as writing a letter or vocally protesting against discrimination or harassment.)*
2. Identify the date(s) of the activity.
3. If a prior EEO case, please identify the case number(s) and date(s) for your previous EEO case.
4. Was/were the management official(s) you cited in this complaint involved in your protected activity? If so, explain **how** and **when** each management official was involved.
5. If they were not involved in the protected activity, were they aware of your protected activity, and if so, **how,** and **when** did they become aware?

{% if not loop.last %}

<!-- Page break between claims -->

{% endif %}

{% endfor -%}

{% endif -%}

{% if hide\_investigator\_info -%}

***\*Retaliation is not always in regard to a prior EEO case. See sample questions for other types of Retaliation on the Reference Library. Be sure to ask the appropriate retaliation questions or may be sent back to get a supplemental. (Delete this note before sending questions out)***

{% endif -%}

{% if show\_disability\_section and complaint\_type.disability -%}

{% for claim in complaint\_type.disability -%}

**DISABILITY CLAIM {{ loop.index }}: {{ claim }}**

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?

{% if not loop.last %}

<!-- Page break between claims -->

{% endif %}

{% endfor -%}

{% endif -%}

{% if show\_gina\_section and complaint\_type.gina %}

{% for claim in complaint\_type.gina %}

GINA CLAIM {{ loop.index }}: {{ claim }}

**GENETIC INFORMATION NONDISCRIMINATION ACT (GINA) ALLEGATION (purview 4)**

1. Are you alleging that management is in possession of or has knowledge of your genetic information? If yes, what specific information is management in possession of?
2. Who do you believe is in possession or has knowledge of your genetic information? Identify the manager, by name, title, and work location that you believe obtained or viewed your genetic information.
3. Are you alleging that management is in possession of or has knowledge of genetic information for a family member? If yes, what specific information is management in possession of?
4. Why do you believe that management is in possession of or aware of genetic information concerning you or a family member?
5. How did management obtain the genetic information in question?
6. Are you alleging that management improperly disclosed genetic information in its possession? If so, what information do you believe was disclosed, by whom was it allegedly disclosed, and to whom was it allegedly disclosed?
7. How were you harmed by the alleged disclosure of your genetic information?

{% if not loop.last %}

<!-- Page break between claims -->

{% endif %}

{% endfor -%}

{% endif -%}

{% if show\_discrete\_section and complaint\_type.discrete %}

{% for claim in discrete\_claims %}

CLAIM {{ loop.index }}: {{ claim|upper }}

**DISCRETE**

1. Please verify the date for ({{ claim }}).
2. Please identify the full name and position title of the management official responsible for ({{ claim }}).
3. Are you aware if any other management officials were involved in the decision? If so, identify each by full name, position title and work location, and explain how he/she was involved.
4. Please describe the circumstances leading up to ({{ claim }}).
5. What reason(s) did management provide to you, if any, for ({{ claim }})?
6. Do you disagree with the reason(s)? If so, why do you disagree (explain fully)?

{% if discrete\_questions -%}

{% for question in discrete\_questions %}

1. {{ question }}

{% endfor -%}

{% endif %}

1. You previously identified {{ named\_comparator }} as an employee with similar alleged conduct/performance/attendance as you who was not issued corrective action and or disciplined. Please provide the following for {{ named\_comparator }}:
2. Their full name
3. Job title and work location
4. The name of their immediate supervisor

{% if discrete\_questions\_2 -%}

{% for question in discrete\_questions\_2 %}

1. {{ question }}

{% endfor -%}

{% endif %}

1. Whether they have had EEO activity (yes, no, or unknown)
2. Whether they have a medical condition (yes, no, or unknown)
3. Explain in detail the circumstances of their situation and how it compares to your situation, and how and why you believe they were treated differently.
4. Are you aware of any other employees, in the past year, under similar circumstances as you, who were also ({{ claim }}) by the same management official? If so, please provide:
   1. Their full name
   2. Job title and work location
   3. The name of their immediate supervisor

{% if discrete\_questions\_2 -%}

{% for question in discrete\_questions\_2 %}

* 1. {{ question }}

{% endfor -%}

{% endif %}

* 1. Whether they have had EEO activity (yes, no, or unknown)
  2. Whether they have a medical condition (yes, no, or unknown)
  3. Explain in detail the circumstances of their situation and how it compares to your situation, and how and why you believe they were treated similarly.

1. Are you aware of any other employees, in the past year, under similar circumstances as you, who were not ({{ claim }}) by the same management official? If so, please provide:
   1. Their full name
   2. Job title and work location
   3. The name of their immediate supervisor

{% if discrete\_questions\_2 -%}

{% for question in discrete\_questions\_2 %}

* 1. {{ question }}

{%+ endfor -%}

{% endif %}

* 1. Whether they have had EEO activity (yes, no, or unknown)
  2. Whether they have a medical condition (yes, no, or unknown)
  3. Explain in detail the circumstances of their situation, how it compares to your situation, and how and why you believe they were treated differently.

1. What Postal policies, rules or regulations do you believe management violated by ({{ claim }})?
2. Other than this EEO, did you file a grievance/an appeal or any other type of complaint on being given an Investigative Interview?
   1. If so, what is the status?
   2. If it has been resolved, explain how and when it was resolved.

\*(Please provide a copy of the grievance, appeal and/or signed settlement documentation.)\*

{% if not loop.last %}

{% endif %}

{% endfor -%}

{% endif -%}

{% if show\_non\_discrete\_section and complaint\_type. non\_discrete %}

{% for claim in complaint\_type. non\_discrete %}

NON-DISCRETE CLAIM {{ loop.index }}: {{ claim }}

**CLAIM X: NON-DISCRETE EXAMPLE**

You claim that on (insert allegation)

1. **Please fully explain this allegation** including when these incidents occurred, who was involved, and exactly what occurred/was said by all parties involved. *Please provide any relevant documentation to support this claim.*
2. **If not explained above**, please respond to the following questions:
3. What date did this occur?
4. Who was responsible?
5. What specifically was said/done to you on the date identified above that you considered to be harassing?
6. Did you respond to the comments/actions made? If yes, what was your response?
7. Did you ask that the alleged behavior stop? If not, please explain why.
8. Why did you feel these comments/actions were harassing toward you?
9. Were there any witnesses to the incidents described above? If yes, identify them by full name, position title, e-mail address (if known), telephone number (if known), and describe in detail what you believe he/she/they witnessed.

1. Please explain how you were harmed regarding this issue.

{% if non\_discrete\_questions %}

{% for question in non\_discrete\_questions %}

1. {{ question }}

{% endfor %}

{% endif %}

1. What Agency policies, regulations and/or rules are relevant to this issue? Please provide copies of any policies, regulations and/or rules cited.
2. Do you believe management violated the above cited policies, regulations and/or rules regarding this issue? If so, how?
3. Other than this EEO, did you file a grievance/an appeal or any other type of complaint regarding this issue?
4. If so, what is the status?
5. If it has been resolved, explain how and when it was resolved.

*(Please provide a copy of the grievance, appeal and/or signed settlement documentation.)*

{% if not loop.last %}

{% endif %}

{% endfor -%}

{% endif -%}

{% if show\_non\_selection\_section and complaint\_type. non\_selection %}

{% for claim in complaint\_type. non\_selection %}

NON-SELECTION CLAIM {{ loop.index }}: {{ claim }}

**CLAIM: NON-SELECTION**

1. What is the job title and location of the position you were not selected for on or around ({{ non\_selection\_date }}).
2. Was the position posted? If so, what were the opening and closing posting dates?
3. Did you apply for this position? If so, when, and how?
4. If not, how, and when did you make management aware you were interested in the position?
5. Who was the selecting official for this position/posting? Provide their full name and job title.
6. Are you aware of anyone else being involved in the decision of who to select for this position?
7. What were the qualifications for the position?
8. Did you meet all the specific qualifications?
9. How did your knowledge, skills and abilities compare to the qualifications required for the position?
10. Was there a review board? If so, provide the names of the three individuals on the review board.
11. Were you granted an interview? If so, when was the interview and who interviewed you?
12. If not, were you provided a reason for not being interviewed? If so, what reason and by whom?
13. Who was selected for the position? Provide their full name and their age.
14. Did the person selected meet all the qualifications?
15. How did their knowledge, skills and abilities compare to yours?
16. Are you aware of anyone else who applied for the same position through the same posting? If so, please provide their full name and ages.

{% if non\_selection\_questions -%}

{% for question in non\_discrete\_questions %}

1. {{ question }}

{% endfor -%}

{% endif %}

1. What Agency policies, regulations and/or rules do you believe management regarding this issue?
2. Other than this EEO, did you file an appeal, grievance or any other type of complaint regarding this issue?
3. If so, what is the status?
4. If it has been resolved, explain how and when it was resolved.

*(Please provide a copy of the grievance, appeal and/or signed settlement documentation.)*

{% if not loop.last %}

{% endif %}

{% endfor -%}

{% endif -%}

{% if show\_accommodation\_section and complaint\_type.accommodation %}

{% for claim in complaint\_type.accommodation %}

ACCOMMODATION CLAIM {{ loop.index }}: {{ claim }}

**CLAIM Z: DENIED REASONABLE ACCOMMODATION**

1. Have you requested an accommodation for your work restrictions? If so, what did you request and from whom.
2. Have you been offered an accommodation for your work restrictions? If so, what was offered?
3. Did you regard the offered accommodation as effective? If not, why not?
4. Are the current duties you perform an accommodation for your medical condition?
5. Did you request to appear before the District Reasonable Accommodation Committee (DRAC)?
   1. If so, to whom did you make the request and when? Please provide a copy of the request (including attachments), if it was in writing.
   2. If the request was verbal, please so state, and indicate to whom the request was made and when.
6. Did you appear before the DRAC? If so, when?
   1. If not, was there a reason you did not appear?
7. Did you receive a response from DRAC? If so, when and please provide a copy of the response.
   1. If the response was verbal, please indicate what you were told, by whom and when.
8. Please identify the date(s) you were denied Reasonable Accommodation?
9. Please identify the full name and position title of the management official responsible for denying your request for a Reasonable Accommodation.
10. Are you aware if any other management officials were involved in the decision to deny your request for Reasonable Accommodation? If so, identify each by full name, position title and work location, and explain how he/she was involved in denying your request for Reasonable Accommodation.
11. What led to your being denied Reasonable Accommodation?
12. What reason(s) did management provide to you, if any, for denying your request for Reasonable Accommodation?
13. Do you disagree with the reason(s)? If so, why do you disagree (explain fully)?

{% if accommodation\_questions %}

{% for question in accommodation\_questions %}

1. {{ question }}

{% endfor %}

{% endif %}

1. What Postal policies, rules or regulations do you believe management violated by denying your request for Reasonable Accommodation?
2. Did you file a grievance, appeal, or any other type of complaint on being denied Reasonable Accommodation?
   1. If so, what is the status?
   2. If it has been resolved, explain how and when it was resolved.

*(Please provide a copy of the grievance, appeal and/or signed settlement documentation.)*

{% if not loop.last %}

{% endif %}

{% endfor -%}

{% endif -%}

{% if show\_harassment\_section and complaint\_type.harassment %}

{% for claim in complaint\_type.harassment %}

HARASSMENT CLAIM {{ loop.index }}: {{ claim }}

**HARASSMENT ALLEGATION**

1. Other than as previously addressed, did you or anyone acting on your behalf tell the alleged harasser or person that created the hostile work environmentthat you found his/her behavior unacceptable, unwelcome, and/or offensive? If so, provide the following:

a. Who did you tell?

b. When did you tell them?

c. What did you/they tell him/her?

d. What was his/her response?

(If in writing, please provide a copy.)

1. Did you ask that the alleged behavior stop? If not, please explain why.
2. Did you or did anyone else acting on your behalf bring your concerns regarding the alleged harassment/hostile work environment to the attention of other management officials? If so, provide the following:
   1. Who did you tell?
   2. When did you tell them?
   3. What did you/they tell him/her?
   4. What was his/her response?

(If in writing, please provide a copy.)

1. Was an investigation conducted into your allegations of harassment/hostile work environment? If so, who conducted the investigation and when was it conducted?
2. If an investigation was conducted, were you advised of the outcome? If so, when, by whom and what was the outcome?

(If in writing, please provide a copy.)

1. What, if any, effect did the harassment/hostile work environment have on your physical or emotional well-being?
2. What, if any, effect did the alleged harassment/hostile work environment have on your work performance?
3. Have you received training in harassment and/or a hostile work environment, and if so, when and what training did you receive?
4. Are you familiar with the Agency's policy on anti-harassment/hostile work environment? Is the policy displayed for employees to view in your work area? If so, where is the policy displayed?

{% if not loop.last %}

{% endif %}

{% endfor -%}

{% endif -%}

**LAST QUESTION**

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