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|  | | | | Page Number  **1** | Number of Pages | Case Number  {{ case\_number }} | |
| 1. Affiant’s Name *(First, Middle, Last)*  {{ witness\_full\_name }} | | | 2. Employing Postal Service Facility  {{ witness\_work\_location }} | | | | |
| 3. Position Title  {{ witness\_position\_title }} | 4. Position Level  {{ witness\_position\_level }} | 5. Postal Address and ZIP + 4  {{ witness\_address }} | | | | | 6. Unit Assigned  {{ witness\_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/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**

{% if show\_race\_section %}

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?

{% endif %}

{% if show\_color\_section %}

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

{% endif %}

{% if show\_religion\_section %}

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

{% endif %}

{% if show\_sex\_section %}

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

{% endif %}

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

1. Are you aware of Complainant’s **sexual orientation**? If so, what do you perceive it to be? **How** and **when** (approximate date) did you become aware of Complainant’s sexual orientation?

{% endif %}

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

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

{% endif %}

{% if show\_age\_section %}

1. Identify your **age and year of birth**.
2. What do you believe Complainant’s **age** to be? **How** and **when** (approximate date) did you become aware of Complainant’s age?

{% endif %}

{% if show\_retaliation\_section %}

**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?

{% endif %}

{% if show\_disability\_section %}

**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?

{% endif %}

{% if show\_gina\_section %}

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

1. Are you in possession of or do you have knowledge of genetic information concerning the complainant or a family member? If so, what information did/do you have or have knowledge of?
2. How did you become in possession of such information?
3. Did you disclose that information to anyone? If so, to whom and for what purpose?

{% endif %}

{% if show\_discrete\_section %}

**CLAIM Y: DISCRETE EXAMPLE**

1. Please verify the date (insert allegation). If not this date, when was it?
2. Were you the management official who made the decision to (insert allegation)? If not, please identify the management official by full name and title.
3. If it was not your decision, please explain in detail how you were involved.

1. Were any other management officials involved in the decision to (insert allegation)? If so, please identify each by full name and position title and explain how he/she was involved.
2. Please explain in detail the circumstances that led to Complainant (insert allegation).
3. (A couple value added questions) ie; Did you believe that the complainant posed a threat to the safety or health of himself or others in the workplace? If yes, please explain in detail the basis for this belief.
4. Had Complainant been made aware of any similar matters? If yes, **what** were they told, **when** were they told, and **who** told them?
5. Was Complainant provided a reason for (insert allegation)? If so, what reason was provided?
6. Did Complainant disagree with the reason? If so, what did Complainant state?
7. Has the Complainant since been returned to work? If so, when?

{% if witness\_discrete\_questions %}

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

1. {{ question }}

{% endfor %}

{% endif %}

1. Complainant identified {{ named\_comparator }} as an employee who had similar alleged conduct as Complainant but was treated differently and **not** (insert allegation). 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 witness\_discrete\_questions\_2 %}

{% for question in witness\_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. Describe in detail the circumstances of their situation, how it compared to the Complainant’s situation and explain how and why they were treated **differently**.
4. Have there been any other employees under your supervision, in the past year, with similar conduct as Complainant, who **were also** (insert allegation)? If so, please provide:
5. Their full name
6. Job title and work location
7. The name of their immediate supervisor

{% if witness\_discrete\_questions\_2 %}

{% for question in witness\_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. Describe in detail the circumstances of their situation, how it compared to the Complainant’s situation and explain how and why they were treated **similarly**.
4. Have there been any other employees under your supervision, in the past year, with similar alleged conduct as Complainant, who **were** **not** (insert allegation)? If so, please provide:
5. Their full name
6. Job title and work location
7. The name of their immediate supervisor

{% if witness\_discrete\_questions\_2 %}

{% for question in witness\_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. Describe in detail the circumstances of their situation, how it compared to the Complainant’s situation and explain how and why they were treated **differently**.
4. What Postal policies, rules and regulations are applicable to (insert allegation)?
5. What Postal policies, rules and regulations did you rely on regarding the (insert allegation)?
6. If not already identified above, please identify the Postal rules, regulations or policies that are applicable to employee conduct.
7. Other than this EEO, did the Complainant file an appeal, grievance, or any other type of complaint regarding this issue?

a. If so, what is the status?

b. If it has been resolved, how was it resolved?

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

{% endif %}

{% if show\_non\_discrete\_section %}

**CLAIM X: NON-DISCRETE EXAMPLE**

Complainant alleged that on (insert date), you (insert name) (insert claim).

1. Did this claim occur as the Complainant described? If so, explain in detail what led up to this claim and **why** you did or said this.
2. If it did not occur the way the Complainant has alleged, please explain in detail what did occur on (insert date), including **what** was said/done, **how** it was said/done, and **why** it was said/done.
3. Were there any witnesses to the alleged interactions with the Complainant on (insert date)? If so, provide their full name, position title, and describe what you believe they witnessed.

{% if witness\_non\_discrete\_questions %}

{% for question in witness\_non\_discrete\_questions %}

1. {{ question }}

{% endfor %}

{% endif %}

1. Complainant identified (Named Employee) as an employee who had similar circumstances as Complainant but was not (insert what CP said). Please provide the following for (Named Employee):
2. Their full name
3. Job title and work location
4. The name of their immediate supervisor

{% if witness\_non\_discrete\_questions %}

{% for question in witness\_non\_discrete\_questions %}

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. Describe in detail the circumstances of their situation, how it compared to the Complainant’s situation and explain how and why they were treated **differently**.
4. What policies are relevant to this issue (if any)?
5. Other than this EEO, did the Complainant file an appeal, grievance, or any other type of complaint regarding this issue?

a. If so, at what stage is the grievance/complaint?

b. If a final decision was reached what was the result?

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

{% endif %}

{% if show\_non\_selection\_section %}

**CLAIM 1: NON-SELECTION**

Complainant alleges he was not selected for the position (Insert stated position).

1. Was the position posted? If so, what were the opening and closing posting dates?
2. Did Complainant apply for this position? If so, when, and how?
3. If not, did Complainant make you or another member of management aware he was interested in the position? If so, how and to whom?
4. Were you the selecting official for this position/posting? If not, please provide the full name and job title of the selecting official.
5. Were you on the review board that determined which applicants would be referred to the selecting official for this position/posting?
6. Please provide the full name(s) and job title(s) of the person(s) who were also on the review board.
7. If you were not on the review board, were you involved, in any way, in the decision of who to select for this position? If so, what was your role/involvement?
8. Are you aware of anyone else being involved in the decision of who to select for this position? If yes, please provide their full name, job title, and describe in detail how they were involved.
9. If there was a review/interview committee for the position, please explain the process used by the review/interview committee regarding the applicants for the position(s), i.e., they only reviewed the applications, they reviewed applications and conducted interviews, they only forwarded a certain number of applicants to the selecting official (and if so, how many), etc.
10. What were the qualifications for the position?
11. Did Complainant meet all the specific qualifications?
12. What criteria was the most important in making the decision of which applicants were referred to the selecting official?
13. Did Complainant meet this criterion? If not, why not?
14. How did their knowledge, skills and abilities compare to the qualifications required for the position?
15. Was Complainant granted an interview at this stage of the consideration? If so, when was the interview and who interviewed Complainant?
16. If not, was Complainant provided with a reason for not being interviewed? If so, what reason and by whom?
17. Was the Complainant’s application referred to the selecting official for consideration? If not, please explain IN DETAIL the reason the Complainant’s application was not referred to the selecting official for consideration. Please be advised, non-specific responses such as “not qualified” or “didn’t rank high enough” are not considered adequate responses. Please fully explain what criteria the Complainant did not meet and how he did not meet the criteria.
18. Please identify which applicants were referred and which applicants were not referred to the selecting official. *Please submit any additional documentation that was relied on in making referral decisions for all applicants.*

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| **NAME** | **RACE** | **SEX** | **REFERRED YES/NO** | **IF NOT, WHY NOT?** |
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1. If the Complainant was not referred, who notified Complainant that they were not referred to the selecting official for this position?
2. If the Complainant was not referred, when and how was Complainant notified that they were not referred to the selecting official for this position?  *Please submit a copy of the notification sent to the Complainant informing him that his application was not referred to the selecting official.*
3. If the Complainant was not referred, was Complainant provided the reasons for why they were not referred to the selecting official for this position? If so, what reasons were provided to Complainant?
4. If the Complainant was not referred, did they disagree with the reasons provided? If so, what did they state regarding the reasons provided, when, how, and to whom?
5. If Complainant did disagree with the reasons they were provided regarding not being referred to the selecting official, did anyone respond to them? If so, who responded, when did this occur, how was the response provided and what was the response?
6. Please compare the qualifications of each referred individual to those of the Complainant and explain in detail why you believe that the referred individual(s) qualifications exceed those of the Complainant. Please be as detailed as you can. Non-specific responses such as “more qualified” or “ranked higher” are not considered adequate responses. Please fully explain how the qualifications of the applicants who were referred to the selecting official exceeded those of the Complainant.

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| **NAME** | **HOW THE REFERRED APPLICANTS’ QUALIFICATIONS EXCEEDED THOSE OF THE COMPLAINANT** |
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1. Was the Complainant’s (insert purview) a factor in any action you took or decision you made related to this claim? If yes, explain how. **Ask separately for each purview**

{% if witness\_non\_selection\_questions %}

{% for question in witness\_non\_selection\_questions %}

1. {{ question }}

{% endfor %}

{% endif %}

1. What policies are relevant to this issue (if any)?
2. Other than this EEO, did the Complainant file an appeal, grievance, or any other type of complaint regarding this issue?

a. If so, at what stage is the grievance/complaint?

b. If a final decision was reached what was the result?

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

{% endif %}

{% if show\_accommodation\_section %}

**CLAIM 1: DENIED REASONABLE ACCOMMODATION**

1. Has the Complainant requested an accommodation for a medical condition or impairment? If so, provide the following:
   1. **When** was the request received?
   2. **How** and **to whom** was the request made (verbally or in writing)?
   3. Was any action taken? If so, **what** was the action and **when** was it taken?

*(Please provide a copy of both the request and the action taken, if in writing.)*

1. What specific accommodation did the Complainant request?
2. Would the Complainant’s requested accommodation have allowed them to perform the duties required in their work assignment? If not, please explain why.
3. Was the Complainant’s requested accommodation granted? If so, when?
4. If the Complainant’s requested accommodation was **not** granted, explain **who** denied the request and the reason(s) **why**.
5. Would granting the Complainant’s requested accommodation have caused hardship to the Postal Service (operationally, financially, *etc*.)?  If yes, **explain in detail** how it would have caused hardship.
6. Was the Complainant referred to the District Reasonable Accommodation Committee (DRAC)? If yes, please answer the following:
   1. When was Complainant referred?
   2. How was Complainant referred (verbally or in writing)?
   3. Was there a DRAC meeting?
   4. If so, when was the meeting?
   5. What was the outcome?
7. Was an alternative accommodation offered? If so, provide the following:
   1. What was offered?
   2. How would it have allowed Complainant to perform the duties of their assignment?
   3. Did Complainant accept the offer? If not, why not?
8. If an alternative accommodation was offered, please explain why it was considered more feasible than the Complainant’s requested accommodation.
9. If an alternative accommodation was **not** offered, please explain **why**.

{% if witness\_non\_selection\_questions %}

{% for question in witness\_non\_selection\_questions %}

1. {{ question }}

{% endfor %}

{% endif %}

1. What Postal policies, rules and regulations did you rely on regarding wearing face masks and reasonable accommodations?
2. Did the complainant file a grievance on being denied a reasonable accommodation regarding wearing a face mask?

a. If so, what is the status?

b. If it has been resolved, how was it resolved?

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

{% endif %}

{% if show\_harassment\_section %}

**HARASSMENT ALLEGATION**

1. Did Complainant (or anyone acting on behalf of Complainant) tell you that your or anyone else’s actions constituted harassment and/or a hostile work environment for him/her? If so, provide the following:

a. When were you told?

b. Who told you?

c. What specifically were you told?

d. What was your response/action?

(If in writing, please provide a copy.)

1. Are you aware of Complainant (or anyone acting on behalf of Complainant) bringing to the attention of any other management official concerns about harassment/hostile work environment? If so, provide the following:

a. Who was told?

b. When were they told?

c. What specifically were they told?

d. What was their response/action?

(If in writing, please provide a copy.)

1. Was an investigation conducted into Complainant’s allegations of harassment/hostile work environment? If so, by whom and when?
2. To your knowledge, what was the outcome of the investigation? Please provide a copy of the report.
3. Was Complainant informed of the outcome? If yes, how?
4. Was any corrective or preventative action necessary? If so, what action was taken?
5. If no investigation was conducted, please explain why.
6. Have you received training on anti-harassment/hostile work environment while employed by the agency? If so, when?
7. Is the agency anti-harassment/hostile work environment policy posted in your facility?

{% endif %}

**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.