



# COMPLAINT OF PROHIBITED PERSONNEL PRACTICE OR OTHER PROHIBITED ACTIVITY

For instructions or questions, call the Case Review Division at (202) 804-7000.

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## PART 1: IMPORTANT INFORMATION ABOUT FILING A COMPLAINT

**Required Complaint Form.** Complaints alleging a prohibited personnel practice or a prohibited activity must be submitted on this form, either by e-filing or by mail. Information not submitted on or accompanied by this form may be returned by OSC to the filer. The complaint will be considered filed on the date on which OSC receives the completed form. [5 C.F.R. § 1800.1](#), as amended.

**No OSC Jurisdiction.** OSC cannot take any action on complaints filed by employees of

- the FBI, CIA, DIA, NSA, National Geospatial-Intelligence Agency, ODNI, National Reconnaissance Office or other intelligence agencies excluded from coverage by the President;
- the Government Accountability Office;
- the Postal Rate Commission; and
- the uniformed services of the United States (*i.e.*, uniformed military employees). OSC does have jurisdiction over civilian employees of the armed forces.

**Limited OSC Jurisdiction.** For employees of some federal agencies or entities, OSC's jurisdiction is limited to certain types of complaints, as follows –

- FAA employees only for allegations of retaliation for whistleblowing under [5 U.S.C. § 2302\(b\)\(8\)](#) and most allegations of retaliation for engaging in protected activities under [5 U.S.C. § 2302\(b\)\(9\)](#).
- employees of government corporations listed at [31 U.S.C. § 9101](#) only for allegations of retaliation for whistleblowing under [5 U.S.C. § 2302\(b\)\(8\)](#) and most allegations of retaliation for engaging in protected activities under [5 U.S.C. § 2302\(b\)\(9\)](#).
- U.S. Postal Service employees only for allegations of nepotism.
- TSA employees only for allegations of discrimination under [§ 2302\(b\)\(1\)](#), retaliation for whistleblowing under [5 U.S.C. § 2302\(b\)\(8\)](#), and most allegations of retaliation for engaging in protected activities under [5 U.S.C. § 2302\(b\)\(9\)](#).

**Election of Remedies.** You may choose only one of three possible methods to pursue your prohibited personnel practice complaint: (a) a complaint to OSC; (b) an appeal to the Merit Systems Protection Board (MSPB) (if the action is appealable under law or regulation); or (c) a grievance under a collective bargaining agreement. If you have already filed an appeal about your prohibited personnel practice allegations with the MSPB, or a grievance about those allegations under the collective bargaining agreement (if the action is grievable under the agreement), OSC may lack jurisdiction over your complaint. [5 U.S.C. § 7121\(g\)](#).



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#### Complaints Involving Discrimination.

- **Race, Color, Religion, Sex, National Origin, Age, and Disability (or Handicapping Condition):** OSC is authorized to investigate discrimination based upon race, color, religion, sex, national origin, age, or disability (or handicapping condition), as well as retaliation related to EEO activity. [5 U.S.C. § 2302\(b\)\(1\)](#). However, OSC generally defers such allegations to agency procedures established under regulations issued by the Equal Employment Opportunity Commission (EEOC). [5 C.F.R. § 1810.1](#). If you wish to report allegations of discrimination based on these bases, you should contact your agency's EEO office immediately. There are specific time limits for filing such complaints. Filing a complaint with OSC will not relieve you of the obligation to file a complaint with the agency's EEO office within the time prescribed by EEOC regulations (at [29 C.F.R. Part 1614](#)).
- **Marital Status and Political Affiliation:** OSC is authorized to investigate discrimination based on marital status or political affiliation. [5 U.S.C. § 2302\(b\)\(1\)](#).
- **Sexual Orientation and Gender Identity:** OSC is authorized to investigate discrimination based on sexual orientation and gender identity. [5 U.S.C. §§ 2302\(b\)\(1\)](#) and [\(b\)\(10\)](#). EEOC also may have jurisdiction over complaints of discrimination on these bases.

**Complaints Involving Veterans Rights.** By law, all complaints alleging denial of veterans' preference requirements or USERRA must be filed with the Veterans Employment and Training Service (VETS) at the Department of Labor (DOL). [38 U.S.C. § 4301](#), *et seq.*, and [5 U.S.C. § 3330a\(a\)](#).



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### PART 2: SELECT YOUR PPPs

Please check **ALL** that apply (you **MUST** check one option). A customized series of questions will appear following the "Biographical Information" section, below, based on your selections. You can return to this part at any time prior to submitting your complaint if you would like to add or remove allegations. All fields allow ample space to respond, but each question has a character limit; if you can no longer type you have hit the limit.

#### RETALIATION CLAIMS

☐ **Retaliation for Whistleblowing**

Retaliation for reporting a violation of law, rule, or regulation; gross mismanagement; gross waste of funds; abuse of authority; a substantial and specific danger to public health or safety; or censorship related to scientific research.

☐ **Retaliation for Protected Activity**

Retaliation for filing a complaint or grievance; assisting another with a complaint or grievance; cooperating with an OSC, OIG, or internal investigation; or refusing to obey an illegal order.

#### ILLEGAL SELECTION PRACTICE CLAIMS

☐ **Obstruct Competition**

Intentionally deceive or obstruct anyone from competing for federal employment.

☐ **Give Unauthorized Preference**

Give an unauthorized preference or advantage, including defining the manner or scope of competition, to improve or injure the employment prospects of any person.

☐ **Encourage Withdrawal from Competition**

- Influence or encourage anyone to withdraw from competition to improve or injure the employment prospects of any person.

☐ **Nepotism**

Involvement in the appointment, promotion, or advancement of a relative, or advocacy on behalf of a relative.

☐ **Improper Political Recommendation**

Request or consider a recommendation based on political connections or influence rather than one based on personal knowledge of a person's ability to perform a job.

☐ **Violate Veterans' Preference**

Take or fail to take, recommend, or approve a personnel action if doing so would violate a veterans' preference requirement. This type of complaint must be filed with the Department of Labor. Please click [here](#) to go to that site.



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#### DISCRIMINATION CLAIMS

☐ ***Discrimination for Non-Job-Related Conduct***

Discrimination for conduct that does not adversely affect job performance, including claims of sexual orientation or gender identity discrimination.

☐ ***Other Bases of Discrimination***

OSC examines claims of discrimination based on **marital status** and **political affiliation**. OSC does NOT ordinarily investigate claims of discrimination based on race, color, religion, sex, national origin, age, and handicapping condition. These claims are typically better filed with an agency's EEO office.

#### OTHER CLAIMS

☐ ***Improper Personnel Actions***

Take or fail to take a personnel action if doing so would violate any law, rule, or regulation implementing or directly concerning a merit system principle.

☐ ***Non-Disclosure Agreement***

Implement or enforce a non-disclosure agreement or policy that lacks notification of whistleblower rights.

☐ ***Improper Accessing of Medical Records***

Accessing the medical records of another employee or applicant for employment as a part of, or otherwise in furtherance of, the commission of a prohibited personnel practice.

☐ ***Coerce Political Activity***

Coerce a person to engage in political activity, to include providing a political contribution or service, or take action against a person for doing so.

☐ ***Other***

Please use this area to describe employment problems that do not fall into one of the categories listed above.



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### PART 3: BIOGRAPHICAL INFORMATION

\* Denotes Required Fields

#### 1. Complainant Information:

Title \_\_\_\_\_

First Name\* \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name\* \_\_\_\_\_

#### 2. Contact Information:

Address Location\* ☐ Domestic ☐ International

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address\* \_\_\_\_\_

Preferred means of contact:

☐ email ☐ home phone ☐ cell phone ☐ office phone

☐ Please do not contact me on my office phone

#### 3. Do you have representation?\* ☐ Yes ☐ No

Title \_\_\_\_\_

First Name\* \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name\* \_\_\_\_\_

Address Location\* ☐ Domestic ☐ International

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_

\*At least **ONE** phone number **OR** email address is required.

Cell Phone Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_

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Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred means of contact:

☐ email ☐ home phone ☐ cell phone ☐ office phone

4. Complainant's employment status:\*

☐ Current Federal Employee

☐ Former Federal Employee

☐ Applicant For Federal Employment

☐ Non-Federal Employee (*please specify below*)

5. If current or former federal employee, please list most recent position title, series, grade:

Title (for instance, Investigator) \_\_\_\_\_

Series (for instance, GS-1810) \_\_\_\_\_

Grade (for instance, GS-9) \_\_\_\_\_

6. Please provide your dates of employment in this position. \_\_\_\_\_

7. Department name:\* \_\_\_\_\_

8. Agency name:\* \_\_\_\_\_

9. Agency subcomponent: \_\_\_\_\_

10. Street Address: \_\_\_\_\_

11. City:\* \_\_\_\_\_

12. State:\* \_\_\_\_\_ ☐ Check here if agency address is international.

13. Zip Code: \_\_\_\_\_

14. Are you covered by a collective bargaining agreement? (*Check one.*)

☐ Yes ☐ No ☐ I don't know

15. Which of the following apply to your employment status? (*Check all applicable items.*)

a. Competitive Service

☐ Temporary appointment

☐ Career or career-conditional appointment

☐ Term appointment

☐ Probationary employee



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#### b. Excepted Service

☐ Schedule A

☐ Schedule B

☐ Schedule C

☐ National Guard Technician

☐ Postal Service

☐ Tennessee Valley Authority

☐ Non-appropriated fund

☐ Other (specify): \_\_\_\_\_

#### c. Senior Executive Service (SES) or Executive Level

☐ Career SES

☐ Executive Level V or above

☐ Non-career SES

☐ Presidential appointee (Senate-confirmed)

#### d. Other

☐ Civil service annuitant

☐ Military officer or enlisted person

☐ Former civil service employee

☐ Contract employee

☐ Unknown

☐ Other (specify): \_\_\_\_\_

#### 16. What other action(s), if any, have you taken to appeal, grieve, or report this matter under any other procedure? (Check all that apply.)

☐ None, or not applicable

☐ Appeal with Merit Systems Protection Board (MSPB)

Date: \_\_\_\_\_

☐ Grievance under collective bargaining agreement procedure

Date: \_\_\_\_\_

☐ Grievance filed under agency grievance procedure

Date: \_\_\_\_\_

☐ Discrimination complaint filed with agency

Date: \_\_\_\_\_

☐ USERRA claim with VETS (Department of Labor)

Date: \_\_\_\_\_

☐ Appeal filed with Office of Personnel Management

Date: \_\_\_\_\_

☐ Lawsuit filed in Federal Court

Date: \_\_\_\_\_

Court name: \_\_\_\_\_

☐ Reported matter to agency Inspector General

Date: \_\_\_\_\_

☐ Reported matter to member of Congress

Date: \_\_\_\_\_

Name of Senator or Representative: \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

Date: \_\_\_\_\_

#### 17. What action would you like for OSC to take if we find that a prohibited personnel practice has occurred?





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### PART 4: DETAILS OF YOUR COMPLAINT

#### Retaliation for Whistleblowing

An agency official is prohibited from taking, failing to take, or threatening to take or fail to take, a [personnel action](#) against an employee or applicant because the individual made a disclosure of information that s/he reasonably believed evidenced wrongdoing (i.e., a violation of any law, rule, or regulation; gross mismanagement; a gross waste of funds; an abuse of authority; substantial and specific danger to public health or safety; or censorship related to scientific research.) [5 U.S.C. § 2302\(b\)\(8\)](#). This is commonly referred to as a retaliation for whistleblowing claim.

#### **IMPORTANT INFORMATION ABOUT RETALIATION ALLEGATIONS**

##### **YOU SHOULD LIST ALL DISCLOSURES AND PERSONNEL ACTIONS INVOLVED IN YOUR COMPLAINT.**

This is because: (1) failure to list any disclosure or personnel action may delay the processing of your complaint by OSC; and (2) a comprehensive listing will help avoid disputes in any later Individual Right of Action (IRA) appeal that you may file with the Merit Systems Protection Board (MSPB).

You may add additional allegations of retaliation for whistleblowing to this complaint while it is pending at OSC. Submission of any additional allegations to OSC in writing will help you if you later decide to file an IRA appeal with the MSPB.

To establish its jurisdiction over an IRA appeal, the MSPB will require you to show that your IRA appeal relates to the same disclosure(s) and personnel action(s) raised in your complaint to OSC. The following documents will help meet this requirement: a copy of the retaliation allegations in your complaint, any additional allegation(s) of retaliation that you submitted to OSC in writing while the complaint was pending, and any official correspondence you receive from OSC about your complaint. **IT IS IMPORTANT, THEREFORE, THAT YOU SAVE COPIES OF ALL THESE DOCUMENTS FOR YOUR RECORDS.**

If OSC fails to complete its review of your whistleblower retaliation allegation within 120 days after it receives your complaint, or if it closes your complaint at any time without seeking corrective action on your behalf, you have the right to file an IRA appeal with the MSPB. [5 U.S.C. § 1214\(a\)\(3\)](#).

Please briefly answer the following questions about your retaliation claim.





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1. What did you disclose? If you made your disclosure in writing, please attach copies of this page to your complaint before you mailing it.



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2. When did you disclose it?

3. To whom did you make your disclosure?

4. How did you learn of the information you disclosed?

5. When and how did agency officials learn about your disclosure?



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6. What action did the agency take in response to your disclosure? (For example, did the agency investigate or otherwise look into what you disclosed or was disciplinary action taken against responsible parties?)

7. What personnel action(s) do you believe was taken, not taken, or threatened because of your disclosure?

Check all applicable:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Removal              | Reinstatement                        |
| Suspension                                    | Reassignment                         |
| Other Discipline                              | Harassment/Hostile Work Environment  |
| <input type="checkbox"/> VA Expedited Process | Psychiatric Examination              |
| Gag Order                                     | Performance Evaluation               |
| Detail  | Changes to Duties/Working Conditions |
| Promotion                                     | Pay, Benefits, Training              |
| Appointment                                   | Other                                |

Describe:



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8. When was the personnel action(s) taken? By whom?

9. What was the agency's stated reason for taking the personnel action(s)?

10. What facts demonstrate that the personnel action(s) is retaliatory? (For example, were comments made that suggest that agency officials were angry because of your disclosure or did your relationships cool following your disclosure?)



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11. Why do you believe agency officials would retaliate against you? (For example, did agency officials suffer some adverse impact or embarrassment because of your disclosure?)

12. Please provide the name, title, and position in your chain of command of the agency official(s) involved in taking the personnel action(s) that you believe was retaliatory.

| First Name | Last Name | Title<br>(e.g., Deputy Director) | Chain of Command<br>(e.g., 1 <sup>st</sup> level supervisor) |
|------------|-----------|----------------------------------|--|
|            |           |                                  |  |
|            |           |                                  |  |
|            |           |                                  |  |

13. Were the agency officials involved in taking the personnel actions against you accused of wrongdoing in your disclosures? If yes, which ones?

#### Retaliation for Protected Activity

An agency official is prohibited from taking, failing to take, or threatening to take or fail to take a [personnel action](#) against any employee or applicant for federal employment because of (A) the exercise of an appeal, complaint, or grievance right granted by any law, rule or regulation; (B) testifying or otherwise lawfully assisting any individual in the exercise of any such right; (C) cooperating with or disclosing information to the Inspector General (or any other component responsible for internal investigation or review) of any agency, or the Special Counsel; or (D) refusing to obey an order that would require the individual to violate a law, rule, or regulation.

[5 U.S.C. § 2302\(b\)\(9\)](#).



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To establish its jurisdiction over an IRA appeal, the MSPB will require you to show that your IRA appeal relates to the same protected activities and personnel action(s) raised in your complaint to OSC. The following documents will help meet this requirement: a copy of the retaliation allegations in your complaint, any additional allegation(s) of retaliation that you submitted to OSC in writing while the complaint was pending, and any official correspondence you receive from OSC about your complaint. IT IS IMPORTANT, THEREFORE, THAT YOU SAVE COPIES OF ALL THESE DOCUMENTS FOR YOUR RECORDS.

If OSC fails to complete its review of your retaliation allegation within 120 days after it receives your complaint, or if it closes your complaint at any time without seeking corrective action on your behalf, you have the right to file an IRA appeal with the MSPB. [5 U.S.C. § 1214\(a\)\(3\)](#).

Please briefly answer the following questions about your retaliation claim.

1. In what protected activity did you engage?

- ☐ Filed a complaint, appeal, or grievance
- ☐ Testified for or lawfully assisted an individual in the exercise of their right to file a complaint, appeal, or grievance
- ☐ Cooperated with or disclosed information to an Inspector General, OSC, or other investigator
- ☐ Refused to obey an order that would require you to violate a law, rule, or regulation
- ☐ Other

2. When did you engage in the protected activity?





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3. Please briefly describe the nature of your protected activity.

4. What action did the agency take in response to your protected activity? (For example, did the agency investigate or otherwise look into what you disclosed or was disciplinary action taken against responsible agency officials?)



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5. When and how did agency officials learn about your protected activity?

6. What personnel action(s) do you believe was taken, not taken, or threatened because of your disclosure?

Check all applicable:

☐ Removal

☐ Reinstatement

☐ Suspension

☐ Reassignment

☐ Other Discipline

☐ Harassment/Hostile Work Environment

☐ VA Expedited Process

☐ Psychiatric Examination

☐ Gag Order

☐ Performance Evaluation

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☐ Pay, Benefits, Training

☐ Appointment

☐ Other

Describe:



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7. When was the personnel action(s) taken? By whom?

8. What was the agency's stated reason for taking the personnel action(s)?



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9. What facts demonstrate that the personnel action(s) is retaliatory? (For example, were comments made that suggest that agency officials were angry because of your protected activity or did your relationships cool following your actions?)

10. Why do you believe agency officials would retaliate against you? (For example, did agency officials suffer some adverse impact or embarrassment because of your protected activity?)



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11. Please provide the name, title, and position in your chain of command of the agency official(s) involved in taking the personnel action(s) that you believe were retaliatory.

| First Name | Last Name | Title<br>(e.g., Deputy Director) | Chain of Command<br>(e.g., 1 <sup>st</sup> level supervisor) |
|------------|-----------|----------------------------------|--|
|            |           |                                  |  |
|            |           |                                  |  |
|            |           |                                  |  |

12. Were the agency officials involved in taking the personnel action(s) against you accused of wrongdoing in your complaint or other protected activity? If yes, which ones?



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### Obstructed Competition

An agency official is prohibited from deceiving or willfully obstructing an individual from competing for federal employment. [5 U.S.C. § 2302\(b\)\(4\)](#) This section requires evidence that the agency official willfully engaged in actions to prevent or otherwise adversely affect an individual from being considered for a position. A mistake, oversight, or error is not a prohibited personnel practice. Likewise, the selection of a qualified candidate who, at the outset of the competition, was the preferred candidate (*i.e.*, "pre-selection") does not automatically constitute a willful obstruction of one's right to compete.

Please briefly answer the following questions about your claim of willful obstruction.

1. State the series, grade, and title of the position for which you were competing, if applicable.

2. How was the position filled (*e.g.*, vacancy announcement, detail, reassignment)?

3. Was the position in the competitive or excepted service?

☐ Competitive Service ☐ Excepted Service

4. Was the position advertised? ☐ Yes ☐ No

5. How was this position advertised? (*Check all that apply.*)

☐ Externally ☐ Internally

6. Did you apply for the position? ☐ Yes ☐ No

7. State the name and title of the agency official(s) who deceived or obstructed you from competing for federal employment.

| First Name | Last Name | Title ( <i>e.g.</i> , Deputy Director) |
|------------|-----------|--|
|            |           |  |
|            |           |  |
|            |           |  |





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8. State how the involved agency official(s) deceived or obstructed you from competing for federal employment. (For example, what did he/she say or do to obstruct you from competing?)



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9. Why do you believe the identified agency official(s) wanted to obstruct your right to compete?



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### Give Unauthorized Preference

An agency official is prohibited from granting an unauthorized preference or advantage to any employee or applicant for the purpose of improving or injuring the prospects of any particular person for employment. [5 U.S.C. § 2302\(b\)\(6\)](#). Please note that the selection of a qualified candidate who, at the outset of the competition, was the preferred candidate (*i.e.*, "pre-selection") does not alone constitute an unauthorized preference or advantage.

Please briefly answer the following questions about your unauthorized preference or advantage claim.

1. Please state the job title, series, and grade of the position for which an unauthorized preference or advantage was granted.

2. How was the position filled (*e.g.*, vacancy announcement, detail, reassignment)?

3. Was the position in the competitive or excepted service?

☐ Competitive Service ☐ Excepted Service

4. Was the position advertised? ☐ Yes ☐ No

5. How was this position advertised? (*Check all that apply.*)

☐ Externally ☐ Internally ☐ N/A

6. State the name and title of the agency official(s) who granted the unauthorized preference or advantage.

| First Name | Last Name | Title ( <i>e.g.</i> , Deputy Director) |
|------------|-----------|--|
|            |           |  |
|            |           |  |
|            |           |  |



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7. State the name, title, and position (if applicable) of the person who received the unauthorized preference or advantage.

8. How did the involved agency official(s) advantage this person? (For example, what specific actions did the agency official take to improve the employment prospects of this person?)



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9. What motivated the agency official to advantage this person?

10. What facts indicate that the involved agency official(s) granted the unauthorized preference or advantage *for the purpose* of improving this person's chances of being selected?



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11. If you believe the person selected was not qualified for the position, which of the required qualification(s) does the individual lack? How do you know the individual does not meet the requirement(s)?





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### Encourage Withdrawal from Competition

An agency official is prohibited from influencing, or trying to influence, an individual to withdraw from competition for any position for the purpose of improving or injuring the prospects of any other person for employment. [5 U.S.C. § 2302\(b\)\(5\)](#).

Please briefly answer the following questions about your claim concerning improper influence.

1. State the series, grade, and title of the position for which you were competing.

2. How was the position filled (e.g., vacancy announcement, detail, reassignment)?

3. Was the position in the competitive or excepted service?

☐ Competitive Service ☐ Excepted Service

4. Was the position advertised? ☐ Yes ☐ No

5. How was this position advertised? (Check all that apply.)

☐ Externally ☐ Internally

6. Did you apply for the position? ☐ Yes ☐ No

7. State the name and title of the agency official(s) who influenced, or tried to influence, you to withdraw from competition.

| First Name | Last Name | Title (e.g., Deputy Director) |
|------------|-----------|-------------------------------|
|            |           |                               |
|            |           |                               |
|            |           |                               |



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8. State how the involved agency official(s) influenced, or tried to influence, you to withdraw from competition.



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### Nepotism

A public official is prohibited from engaging in nepotism (*i.e.*, hiring, promoting, advancing, or advocating for the appointment, employment, promotion, or advancement of any relative). [5 U.S.C. 2302\(b\)\(7\)](#) The word "relative," means a father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister. [5 U.S.C. § 3110\(a\)\(3\)](#).

Please briefly answer the following questions about your nepotism claim.

1. State the name and title of the public official(s) who engaged in nepotism.

| First Name | Last Name | Title (e.g., Deputy Director) |
|------------|-----------|-------------------------------|
|            |           |                               |
|            |           |                               |
|            |           |                               |

2. Identify the relative for whom the official acted or advocated.



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3. How is the public official related to the person for whom s/he acted or advocated? How do you know that they are related?

4. When and how did the public official play a part in appointing, employing, promoting, advancing, or advocating for his/her relative?

5. To your knowledge, has anyone previously alleged nepotism based on the relationship between this public official and his/her relative?

☐ Yes ☐ No



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### Improper Political Recommendation

An agency official is prohibited from soliciting or considering any employment recommendation or statement, unless it is based on personal knowledge.

[5 U.S.C. § 2302\(b\)\(2\)](#) This section is intended to prevent the use of *political* influence to obtain a position or promotion.

Please briefly answer the following questions about your claim of an improper recommendation.

1. Describe the employment recommendation that was solicited or considered. (For example, for what employment opportunity was it solicited or considered? When was it issued? Who was the beneficiary or intended beneficiary of the recommendation?)



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2. How did you learn about the solicitation or consideration of the recommendation?

3. State the name and title of the agency official(s) who solicited or considered the recommendation.

| First Name | Last Name | Title (e.g., Deputy Director) |
|------------|-----------|-------------------------------|
|            |           |                               |
|            |           |                               |
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4. Was the recommendation received from a member of Congress? If so, (a) please identify the member of Congress, and (b) describe the nature of the recommendation.

5. If an employment recommendation was made, was it based on the personal knowledge of the person who made it? For example, was the recommendation based on observations derived from an employment relationship?



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6. If you believe that an employment recommendation was not based on the personal knowledge of the person who made it, please describe the facts supporting your belief.



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### Violation of Veterans' Preference

An agency official is prohibited from taking or failing to take a **personnel action** if doing so would violate veterans' preference. [5 U.S.C. § 2302\(b\)\(1.1\)](#) While such actions constitute a prohibited personnel practice, generally, employees must file these claims through the Department of Labor. More information on filing these complaints with DOL can be found on their [website](#).

### Discrimination for Non-Job-Related Conduct

An agency official is prohibited from discriminating against an employee or applicant on the basis of conduct that does not adversely affect the performance of the employee or applicant, or the performance of others. [5 U.S.C. § 2302\(b\)\(10\)](#) This could include, for example, discrimination based on sexual orientation or gender identity.

Please **briefly** answer the following questions about your discrimination claim to help OSC determine whether there is sufficient information to warrant further inquiry into this allegation..

1. For what conduct do you believe you have faced discrimination?

2. Does your conduct involve your sexual orientation? ☐ Yes ☐ No
3. Does your conduct involve your gender identity? ☐ Yes ☐ No



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4. When and where did you engage in this conduct? (For example, did it occur before/after duty hours, away from work?)

5. State the name, title, and position in your chain of command of the agency official(s) who discriminated against you based on your conduct.

| First Name | Last Name | Title<br>(e.g., Deputy Director) | Chain of Command<br>(e.g., 1 <sup>st</sup> level supervisor) |
|------------|-----------|----------------------------------|--|
|            |           |                                  |  |
|            |           |                                  |  |
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6. If you know, state when and how the agency official(s) learned of your conduct.



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7. State how the agency official(s) discriminated against you based on your conduct. Check all applicable:

☐ Removal

☐ Suspension

☐ Other Discipline

☐ VA Expedited Process

☐ Gag Order

☐ Detail

☐ Promotion

☐ Appointment

☐ Reinstatement

☐ Reassignment

☐ Harassment/Hostile Work Environment

☐ Psychiatric Examination

☐ Performance Evaluation

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☐ Other

Describe:



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8. What facts indicate that the involved agency official(s) discriminated against you based on your conduct? (For example, did the agency official(s) make negative comments about your conduct? Were other employees who did not engage in such conduct treated differently from you?)



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### Other Bases of Discrimination

*(Based on Race, Color, Religion, Sex, National Origin, Age, Disability, Marital Status, or Political Affiliation)*

An agency official is prohibited from discriminating for or against any employee or applicant for employment on the basis of race, color, religion, sex, national origin, age, disability (or handicapping condition), marital status or political affiliation.

[5 U.S.C. § 2302\(b\)\(1\)](#) OSC routinely examines claims of discrimination based on **marital status** and **political affiliation**. However, we defer nearly all claims of discrimination based on race, color, religion, sex, national origin, age, disability (or handicapping condition) to the EEO process. Filing an OSC complaint based upon one of these bases will not change the deadlines for filing an EEO complaint. While allegations of sexual orientation and gender identity discrimination are also sex discrimination, **OSC also examines these allegations as complaints of Discrimination for Non-Job-Related Conduct. If you are making an allegation of sexual orientation or gender identity discrimination, please complete the questions for that section.**

Please briefly answer the following questions about your discrimination claim.

1. What is the basis of your discrimination claim?

☐ Race

☐ Color

☐ Religion

☐ Sex

☐ Disability (or handicapping condition)

☐ National Origin

☐ Age

☐ Marital Status

☐ Political Affiliation

2. What is your status within that basis? (For example, if you are claiming marital status discrimination, are you married, single, widowed, or separated?)





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### 3. What action(s) did the agency take or fail to take?

Check all applicable:

☐ Removal

☐ Suspension

☐ Other Discipline

☐ VA Expedited Process

☐ Gag Order

☐ Detail

☐ Promotion

☐ Appointment

☐ Reinstatement

☐ Reassignment

☐ Harassment/Hostile Work Environment

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☐ Other

Describe:



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4 When did the action(s) occur?

5. State the name, title, and position in your chain of command of the agency official(s) involved in the action(s).

| First Name | Last Name | Title<br>(e.g., Deputy Director) | Chain of Command<br>(e.g., 1 <sup>st</sup> level supervisor) |
|------------|-----------|----------------------------------|--|
|            |           |                                  |  |
|            |           |                                  |  |
|            |           |                                  |  |



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6. What was the agency's stated reason(s) for the action(s)?



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7. What facts support your assertion that the action was discriminatory?



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## Improper Personnel Actions

An agency official is prohibited from taking or failing to take a [personnel action](#) if doing so results in the violation of a law, rule, or regulation that implements, or directly concerns, a merit system principle listed in [5 U.S.C. § 2301](#). [5 U.S.C. § 2302\(b\)\(1\)\(B\)](#) Retaliation for petitioning a member of Congress or exercising your First Amendment rights falls under this section.

Please briefly answer the following questions about your claim under this section.

1. What was the personnel action(s) taken or not taken?

Check all applicable:

- |   |   |
|---|---|
| <input type="checkbox"/> Removal              | <input type="checkbox"/> Reinstatement                        |
| <input type="checkbox"/> Suspension           | <input type="checkbox"/> Reassignment                         |
| <input type="checkbox"/> Other Discipline     | <input type="checkbox"/> Harassment/Hostile Work Environment  |
| <input type="checkbox"/> VA Expedited Process | <input type="checkbox"/> Psychiatric Examination              |
| <input type="checkbox"/> Gag Order            | <input type="checkbox"/> Performance Evaluation               |
| <input type="checkbox"/> Detail               | <input type="checkbox"/> Changes to Duties/Working Conditions |
| <input type="checkbox"/> Promotion            | <input type="checkbox"/> Pay, Benefits, Training              |
| <input type="checkbox"/> Appointment          | <input type="checkbox"/> Other                                |

Describe:



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2. When was the personnel action(s) taken or not taken?



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3. State the name, title, and position in your chain of command of the agency official(s) involved in the personnel action(s).

| First Name | Last Name | Title<br>(e.g., Deputy Director) | Chain of Command<br>(e.g., 1 <sup>st</sup> level supervisor) |
|------------|-----------|----------------------------------|--|
|            |           |                                  |  |
|            |           |                                  |  |
|            |           |                                  |  |

4. Describe the role played by each agency official listed above in the personnel action(s) that is the subject of your complaint. (e.g., recommending official, proposing official, deciding official, approving official, etc.).



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5. What law, rule, or regulation was violated by the agency's taking or failing to take the personnel action(s)?





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### Non-Disclosure Agreement

An agency official is prohibited from implementing or enforcing a non-disclosure policy, form, or agreement (commonly called a "gag order") if it does not contain a statement notifying employees and applicants for federal employment of their rights, obligations, and liabilities concerning classified information, communications to Congress, whistleblowing to an Inspector General, or any other whistleblower protection. [5 U.S.C. § 2302\(b\)\(13\)](#).

Please briefly answer the following questions about this claim.

1. Describe the non-disclosure policy or "gag order."



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2. State the name, title, and position in your chain of command of the agency official(s) who implemented or enforced the non-disclosure agreement or policy.

| First Name | Last Name | Title<br>(e.g., Deputy Director) | Chain of Command<br>(e.g., 1 <sup>st</sup> level supervisor) |
|------------|-----------|----------------------------------|--|
|            |           |                                  |  |
|            |           |                                  |  |
|            |           |                                  |  |

3. When was the agreement or policy issued?



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4. To whom does the agreement or policy apply (*i.e.*, does the agreement apply only to you, to the subordinates of a particular agency official(s), to a field office, or to the entire agency?)

5. Does the agreement or policy contain a statement concerning whistleblower rights?

☐ Yes ☐ No



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### Improper Accessing of Medical Records

An agency official is prohibited from accessing the medical records of another employee or applicant for employment as a part of, or otherwise in furtherance of, the commission of a prohibited personnel practice. [5 U.S.C. § 2302\(b\)\(14\)](#).

Please briefly answer the following questions about your claim.

1. Who accessed your medical records?

2. When were they accessed?



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3. Please provide any additional details you may have to describe how your records were accessed.



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4. What reason did the agency give to explain why they accessed your medical records? Why do you think they did so?



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5. What action, if any, did the agency take based on information learned from your medical records?



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6. Do you think that agency officials improperly accessed your medical records in connection with one of the other PPPs listed on this form? If so, please describe.





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### Coerce Political Activity

An agency official is prohibited from coercing a person to engage in political activity, and from taking action against a person for refusing to do so. This section prohibits the coercion of a person's political activity, including providing any political contribution or service. [5 U.S.C. § 2302\(b\)\(3\)](#).

Please briefly answer the following questions about your claim of coerced political activity.

1. Describe the political activity or service you were coerced into undertaking.



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2. How did an agency official attempt to coerce political activity?

3. When did the coercion occur?



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4. State the name, title and position in your chain of command of the agency official(s) involved in the coercion.

| First Name | Last Name | Title<br>(e.g., Deputy Director) | Chain of Command<br>(e.g., 1 <sup>st</sup> level supervisor) |
|------------|-----------|----------------------------------|--|
|            |           |                                  |  |
|            |           |                                  |  |
|            |           |                                  |  |

5. Why did you feel coerced? (For example, what were the stated or implied adverse consequences for refusal to participate in the political activity or service?)

6. Have you also filed a Hatch Act complaint with OSC based on this incident?

☐ Yes ☐ No



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### Other

OSC also has jurisdiction over certain other activities prohibited by statute. If none of the categories of wrongdoing above apply to your circumstances, please tell us the basis of your complaint below. OSC will determine whether we have jurisdiction over your complaint. **You will have an opportunity to attach supporting documentation before you submit your form.**

### Attachments

☐ I would like to attach documents to my complaint.



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### PART 5: CONSENT TO CERTAIN DISCLOSURES OF INFORMATION

\* Denotes Required Fields

OSC asks everyone who files a complaint alleging a possible prohibited personnel practice or other prohibited activity to select one of three Consent Statements shown below. Please: (a) select and check one of the Consent Statements below; and (b) keep a copy for your own records.

If you initially select a Consent Statement that restricts OSC's use of information, you may later select a less restrictive Consent Statement. If your selection of Consent Statement 2 or 3 prevents OSC from being able to conduct an investigation, an OSC representative will contact you, explain the circumstances, and provide you with an opportunity to select a less restrictive Consent Statement.

You should be aware that the Privacy Act and other applicable federal laws allow information in OSC case files to be used or disclosed for certain purposes, regardless of which Consent Statement you sign. Information about certain circumstances under which OSC can use or disclose information under the Privacy Act appears in the Form Submission part of this form.

**\*(Please check ONLY one)**

#### ☐ **Consent Statement 1**

I consent to OSC's communication with the agency involved in my complaint. I agree to allow OSC to disclose my identity and information about my complaint if OSC decides that such disclosure is needed to investigate my complaint (for example, to request information from the agency, or seek a possible resolution).

#### ☐ **Consent Statement 2**

I consent to OSC's communication with the agency involved in my complaint, but I *do not agree* to allow OSC to disclose my identity to that agency. I agree to allow OSC to disclose only information about my complaint, without disclosing my name or other identifying information, if OSC decides that such disclosure is needed to investigate my complaint (for example, to request information from the agency, or seek a possible resolution). I understand that in some circumstances, OSC could not maintain my anonymity while communicating with the agency involved about a specific personnel action. In such cases, I understand that my request for confidentiality may prevent OSC from taking further action on the complaint.

#### ☐ **Consent Statement 3**

I do not consent to OSC's communication with the agency involved in my complaint. I understand that if OSC decides that it cannot investigate my complaint without communicating with that agency, my lack of consent will probably prevent OSC from taking further action on the complaint.



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### Certification

#### CERTIFICATION

\* Denotes Required Fields

☐ I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both [18 U.S.C. § 1001](#)

**BURDEN:** The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

**OTHER INFORMATION:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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