

**FEMA**

FEDERAL EMERGENCY MANAGEMENT AGENCY
Equal Employment Opportunity Unit
Office of Equal Rights

INFORMAL COMPLAINT INTAKE FORM**Aggrieved Person (AP) Information**

Aggrieved Person (AP) Name: _____

Agency/Type of Employee: _____

Date of Initial Contact: _____

Type of Initial Contact: ☐ Phone ☐ Email ☐ Mail ☐ Fax ☐ In person ☐ Referred by _____

Date of Intake Form: _____

Job Title, Series, Grade: _____

Email Address: _____

Home Address: _____

Home Telephone: _____

Cell Phone Number: _____

Work Phone: _____

Work Address: _____

Aggrieved Person's Representative

Name of Representative: _____ Representative's Phone: _____

Representative's Address: _____

Is your representative an Attorney? Yes ☐ No ☐

Responsible/Designated Management Official's (RMO's/DMO's) Information

RMO(s)/DMO(s) Name	Position/Grade	Relationship to AP	Phone	Email

Alleged Basis / Check all that apply

<input type="checkbox"/>	Race	<input type="checkbox"/>	Mental Disability
<input type="checkbox"/>	Color	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Age (DOB: _____)	<input type="checkbox"/>	Genetic Information
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Reprisal
<input type="checkbox"/>	Sex (Gender Expression)	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Sex (Gender)	<input type="checkbox"/>	Political Affiliation
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Marital/Familial/Parental Status
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Did not specify basis



FEDERAL EMERGENCY MANAGEMENT AGENCY
Equal Employment Opportunity Unit
Office of Equal Rights

Claim(s) / Check all that apply			
<input type="checkbox"/>	Appointment / Hire	<input type="checkbox"/>	Disciplinary Action
<input type="checkbox"/>	Assignment of Duties	<input type="checkbox"/>	Duty Hours
<input type="checkbox"/>	Awards	<input type="checkbox"/>	Examination / Test
<input type="checkbox"/>	Equal Pay Act Violation	<input type="checkbox"/>	Evaluation / Appraisal
<input type="checkbox"/>	Demotion	<input type="checkbox"/>	Harassment (Non-Sexual)
<input type="checkbox"/>	Reprimand	<input type="checkbox"/>	Sexual Harassment
<input type="checkbox"/>	Suspension	<input type="checkbox"/>	Pay (Including Overtime)
<input type="checkbox"/>	Termination	<input type="checkbox"/>	Promotion / Non selection
<input type="checkbox"/>	Other (Specify): _____		

Brief description of claim(s):

Other Active EEO Cases Formal and Informal (To be completed by OER)
Case Number: _____ Basis and Claim(s): _____ _____ RMO/DMO: _____
Case Number: _____ Basis and Claim(s): _____ _____ RMO/DMO: _____
Comments