

**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: \_\_\_\_\_

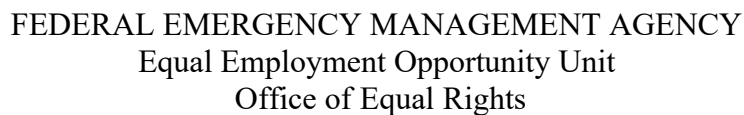
Is your representative an Attorney? Yes ☐ No ☐

**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



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