

**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:	Max J Meindl
Agency/Type of Employee:	FEMA/CORE
Date of Initial Contact:	
Type of Initial Contact:	<input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> In person <input type="checkbox"/> Referred by <u>Tara-Office of Civil Ri</u>
Date of Intake Form:	09/03/2024
Job Title, Series, Grade:	Emergency Management Specialist, 089, GS-12
Email Address:	max.meindl@fema.dhs.gov
Home Address:	5 E. Austin St. Bellville, TX 77418
Home Telephone:	832-293-3671
Cell Phone Number:	832-293-3671
Work Phone:	202-374-9426
Work Address:	Remote, 5 E. Austin St. Bellville, TX 77418

Aggrieved Person's Representative

Name of Representative:	Representative's Phone:
Representative's Address:	
Is your representative an Attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 checked="" type="checkbox"/>	Physical Disability
<input checked="" type="checkbox"/>	Age (DOB: <u>06/21/1951</u>)	<input type="checkbox"/>	Genetic Information
<input type="checkbox"/>	National Origin	<input checked="" 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



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Claim(s) / Check all that apply					
	Appointment / Hire		Disciplinary Action		Reassignment - Request Denied
x	Assignment of Duties		Duty Hours	x	Reassignment (Directed)
	Awards		Examination / Test		Reinstatement
	Equal Pay Act Violation		Evaluation / Appraisal		Retirement
	Demotion		Harassment (Non-Sexual)		Time & Attendance
	Reprimand		Sexual Harassment		Training
	Suspension		Pay (Including Overtime)	x	Terms / Conditions of Employment
	Termination		Promotion / Non selection	x	Reasonable Accommodation
Other (Specify): NO ADJUDICATION OF SEVERAL RAR, EXCEPT THIS LAST ONE. Potential reassignment in process.					

Brief description of claim(s):

***This Reasonable accommodation request (RAR), filed on 01/02/2024.
A response was initiated, after I requested assistance from leadership, on 07/10/2024.
That is 190 days after filing the request. Previously filed RAR's are represented below. 137 days should be added to each of the dates below.
The remaining RAR, those not deleted along with the medical records, have been open as follows:
RAR0046767 has been open for 190 days before any action,
RAR0042452 has been open for 707 days,
RAR0023278 has been open for 985 days and
RAR0023261 has been open an astonishing 986 days.

*** Good morning, Max, After the interactive process considering your position description (attached), the essential functions of your position, and your request for an accommodation (to work from home 100%), management has denied your reasonable accommodation request for the reasons indicated in the attached 256-02 form. If you believe that you are no longer able to perform the essential functions of your position, you may request that the Agency consider reassigning you if there is a funded, open position, consistent with page 19 of the attached FEMA Instruction on Reasonable Accommodation. Please note that all FEMA positions require the ability to deploy and other positions may not be able to facilitate an accommodation that requires 100% work from home without the ability to deploy. If you would like to go this route, please respond by COB no later than August 23, 2024. Respectfully, Anna Myers, EEO Specialist, Reasonable Accommodation (RA).

***My reply.
Anna,
I do not believe that I am unable to perform the essential functions of the specified position.

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	
Deployed? NO If so, where? REMOTE	