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: _____
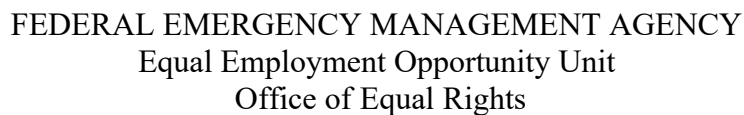
Representative's Address: _____

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

Claim(s) / *Check all that apply*		
☐ Appointment / Hire	☐ Disciplinary Action	☐ Reassignment - Request Denied
☐ Assignment of Duties	☐ Duty Hours	☐ 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)	☐ Terms / Conditions of Employment
☐ Termination	☐ Promotion / Non selection	☐ Reasonable Accommodation
☐ 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