**Affidavit of Complainant MAX J MEINDL**

I, MAX J MEINDL**,** County of **AUSTIN,** am a former employee of the U.S. Department of Homeland Security (FEMA).

**DHS/FEMA**

**Denton County – Remote Placement**

**Recovery/Public Assistance**

Located in **Bellville, Texas (Remote)**

In the capacity of EMERGENCY MANAGEMENT SPECIALIST, PDTFL, 089/GS12 between 11/2024and 01/06/2025

My telephone number during working hours is **832-293-3671**

I HAVE BEEN ADVISED OF THE FOLLOWING:

I have an obligation to cooperate fully with the investigator, who has been assigned to conduct a thorough and impartial investigation of my complaint of discrimination. Therefore, I must provide a statement for the investigative record which is true and complete to the best of my knowledge and belief and which fully addresses the issues accepted for investigation. My statement must be specific with regard to names, dates, places, circumstances, and related events, and disclose my firsthand knowledge of any information which is directly related to the issue(s). My statement, along with my Informal Complaint, Counselor's Summary Report, my Formal Complaint and the description of the issues for investigation shall serve as the basis for the investigation. While I may voluntarily submit any additional documents or information to the investigator for consideration, it will be the investigator's responsibility to determine what evidence shall actually become part of the investigative report. If there are any documents or facts which substantiate my allegations, I must provide them to the investigator or make them known to the investigator. I may suggest witnesses to be interviewed by the investigator. However, the investigator will decide which witnesses to interview based on relevant information he or she feels will be furnished.

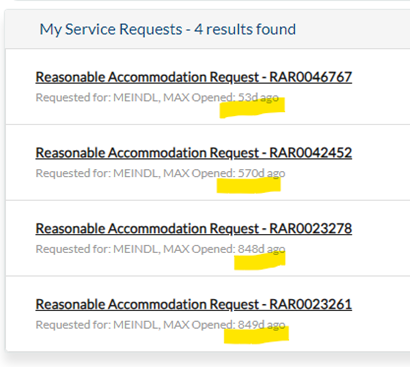
I am aware of and my understanding of the protections under Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act (ADEA), and the Rehabilitation Act of 1973, which are pertinent to my claims.

My statement is made under oath (or affirmation) without a pledge of confidentiality; in accordance with the rules, regulations, policies and procedures of the Equal Employment Opportunity Commission and the Department of Agriculture. This means that any employee(s) whom I accuse of discrimination or other acts of impropriety may be shown relevant portions of this statement and be given an opportunity to respond. Agency officials responsible for processing complaints of discrimination will have access to the entire investigative report. If discrimination is found, any employee accused of discrimination will have an opportunity to review the report in its entirety without deletions. Participants in the discrimination complaint process are specifically protected by law and the EEO regulations from any acts of reprisal, discrimination, coercion, harassment, restraint, or interference for their participation in the investigation and other phases of complaint processing.

I have the right to be represented by a person of my choice during presentation of complaint and preparation of my statement (so long as my choice does not result in a conflict of interest). I have chosen a personal representative at this stage of my complaint. In the event I have not chosen a representative but obtain a representative at a later date, I will advise the investigator and the Director of Civil Rights in writing.

I have the right to review my statement prior to signing it and may make initialed corrections if it is incomplete or inaccurate. I have a right to receive a copy of the signed statement. Having reviewed the preceding information with the investigator, I solemnly swear [ ] affirm [ ] that the statement that follows is true and complete to the best of my knowledge and belief and fully addresses the issues and allegations raised by me in my EEO complaint.

# Questions for Complainant:

1. What is your name, position, title, series, and grade?
   1. Max J Meindl, PDTFL, Emergency Management Specialist, 089, GS12
2. Are you currently employed by FEMA?
   1. No
3. How long have you been or were you employed with FEMA?
   1. 08/2017 – 01/2025
4. Please state your home address.
   1. 5 E. Austin St., Bellville, TX 77418
5. Who is your first line and second line supervisor? Please provide title and contact information.
   1. First line: Anthony In; [Anthony.in@fema.dhs.gov](mailto:Anthony.in@fema.dhs.gov).
   2. Second line Jodi Hunter
6. How long have you been under their supervision?
   1. +/- 1 yr.
7. Are you aware of the Agency’s policy on discrimination and harassment?
   1. yes
8. When did you most complete No Fear Act Training
   1. 2024, I don’t have any access to my training records
9. What is your age?
   1. I am 73 years old, born in 1951, which is relevant to my claims of age discrimination under the ADEA.
10. Was management aware of your age?
    1. Yes, management was fully aware of my age.
11. How was management aware of your age?
    1. My age was disclosed through my employment application, HR records, and during age-related training sessions.
12. Was management aware of your physical disability?
    1. Yes, they were aware.
13. How was management aware of physical disability?
    1. I disclosed my disability when requesting reasonable accommodations and during a medical leave application process, both of which are documented in HR files.
14. Was the person responsible for the discriminatory issue under investigation aware of your race?
    1. Yes, aware of my race since my first day of employment when I filled out my EEO self-identification form and have been visibly present in the workplace.
15. If so, how and when did he/she become aware of your race?
    1. When we met in 2018 and went to training in Maryland together.
16. Do you believe that you were treated differently than similarly situated individuals?
    1. Yes, I was treated differently based on my age, physical disability, and race. Younger employees received more opportunities for professional development; non-disabled employees were not required to justify accommodations as rigorously; and employees of other races were given more prominent roles and projects.
17. If so, please explain? List their (basis)
    1. I was isolated, marginalized and very little work was assigned.
18. State exactly, how you were discriminated based on age (1951), and physical disability.
    1. My reasonable accommodation requests was/were ignored, this specific RA for more than 190 days. When I finally pressed the issue to be resolved with higher authorities I was terminated., Age: I was bypassed for promotions and training opportunities that were given to younger colleagues. Physical Disability: My requests for reasonable accommodations were consistently delayed or denied, unlike those of non-disabled peers.
    2. RA (Reasonable Accommodation) requests were ignored for years (see image), and this directly relates to my disability under the Rehabilitation Act. My request(s) for accommodation was ignored for over 190 days and more, violating Section 501 of the Rehabilitation Act which mandates timely reasonable accommodations for qualified individuals with disabilities.
    3. 
    4. This snip was taken around 02/24/24, so add days as appropriate;
19. Why do you contend that you were treated differently because of your age (1951) and physical disability?
    1. There's a pattern where older employees like myself were not considered for advancement, and my disability accommodations were treated with skepticism, unlike others.
    2. My disability was ignored when it came to accommodating workplace adjustments, suggesting an intersectional discrimination under both ADEA and the Rehabilitation Act."
20. Do you have any witnesses to support your contentions in this matter? Identify by name, title, email, and nature of information to be provided.
    1. Tracy X
    2. Previous Supervisor
    3. Previous co worker X
21. Did you notify that discrimination was unwelcome when you were subjected to discrimination based on age (1951), and physical disability? If so, who?
    1. This was brought up through informal ADR.
22. What actions were taken?
    1. No substantive actions were taken; I was advised to be patient or told that available accommodations were already provided.
23. Did you inform management that you were being harassed?
    1. Yes, I reported this to my supervisor and management was responsible for the behavior.
24. If yes, when and who did you inform?
    1. Anthony In
25. If yes, what actions were taken?
    1. None was observed
26. What are the essential functions of your position?
27. Program Delivery Task Force Leaders (PD TFLs) have an integral role in the successful implementation of the PA delivery model. The PD TFL serves as a conduit between Public Assistance Group Supervisor (PAGS) and the Program Delivery Managers (PDMGs), communicating the Joint Field Office (JFO) operational priorities to the PDMGs. The PD TFL keeps the PAGS informed on the day- to-day activities and accomplishments of PDMGs. The PD TFL ensures the workload of PDMGs is balanced, allowing the PDMGs to focus on providing excellent customer service to applicants. The PD TFL manages and mentors PDMGs throughout the PA grant delivery process. PD TFLs ensure they set the conditions to ensure success of their PDMGs.
28. What are you seeking in resolution to this EEO complaint?

Full medical/disability in the amount of $5,000.00 per month, net, and full family health benefits paid for by the employer for the discrimination I’ve faced, which has led to significant health and financial impact.

compensatory and punitive damages for emotional distress, and

policy changes to prevent future discrimination

**Whether Complainant, Emergency Management Specialist, (Applicant), of Bellville, TX was discriminated against based on disability (physical) and age (1951) by management when the following incidents occurred:**

# 1. On August 16, 2024, Complainant’s Reasonable Accommodation request was denied.

1. Specifically, who denied your RA request? What reason was given for the denial? What did you request? Please explain. Did you inform anyone in management that you were offended by this? If so, what response did you receive.
   1. Anthony In
   2. The first denial was 08/05/24 and stipulated “Mr. Max Meindl’s reasonable accommodation to seek 100% telework cannot be granted. It is understood that Mr. Meindl’s indication that he could deploy is close to his home; however, I cannot consider that in a decision to grant the request. The option presented by Mr. Meindl is not a viable solution as I cannot grant him the ability to limit his deployment location. Given that Mr. Meindl would need to be sent wherever the disaster is located and his inabilities to do would limit my ability, therefore, I must deny his request.
   3. The second denial, Jodie Hunter, dated 08/15/2024, stipulated; “After careful consideration, Mr. Max Meindl’s request to telework 100% of the time is denied. The approval to allow Mr. Meindl to telework 100% of the time would require that the Agency remove the essential function of deployment from his duties and responsibilities. Mr. Meindl signed his onboarding, acknowledging that his position required that he deploy. While I understand that Mr. Meindl has a disability; however, his acknowledgment that he cannot leave his house to deploy under any circumstances contributes to my decision. Finally, his branch (Infrastructure Branch, Recovery Division) supports disaster deployments on an almost daily basis. His temporary accommodation cannot continue as assignments of duties are totally unrelated to his current position of record and cannot be continued.”
2. How were you harmed?
   1. Physically, I experienced increased discomfort; professionally, I was sidelined, which affected my career progression and self-esteem.
   2. Much of the following has not been addressed in the denial.
   3. “The denial must clearly state the specific reasons for the denial, which shall include, where applicable:”
   4. Why the requested accommodation would not be effective;
   5. Why the requested accommodation would result in undue hardship to the Agency;
   6. Whether medical documentation provided was inadequate to establish that the individual has a disability and/or needs a reasonable accommodation.
   7. Whether the requested accommodation would require the removal of an essential function
   8. Whether the requested accommodation would require the lowering of a performance or production standard
3. How did this affect your work environment?
   1. It created an atmosphere where I felt undervalued, leading to stress and reduced productivity because of no work being assigned.
4. Were you aware of similarly situated employees who were not denied their RA request. Please explain. Name employee and annotate by age and physical disability.
   1. NA
5. Why do you contend that you were treated differently because of age?
   1. I was isolated, marginalized and very little work was assigned.
   2. The lack of opportunities for professional growth and the comments made about my retirement suggest age discrimination.
   3. I was treated differently because of my age, which is protected under the ADEA, and my physical disability, protected under the Rehabilitation Act.
   4. The isolation and lack of work assignments indicate discrimination based on these protected characteristics
6. Why do you contend that you were treated differently because of physical disability?
   1. The denial of accommodations and the dismissive attitude towards my needs indicate discrimination based on disability.
   2. I was isolated, marginalized and very little work was assigned
   3. I was treated differently because of my age, which is protected under the ADEA, and my physical disability, protected under the Rehabilitation Act.
   4. The isolation and lack of work assignments indicate discrimination based on these protected characteristics
7. Do you have any witnesses to support your contentions in this matter? Identify by name, title, email and nature of information to be provided.
   1. Mark Underhill; former supervisor, PDTFL, [markbunderhill@yahoo.com](mailto:markbunderhill@yahoo.com)
      1. Situational awareness of institutional pattern of behavior
   2. Darla Dickerson; former supervisor, PDTFL, [Darla.Dickerson@fema.dhs.gov](mailto:Darla.Dickerson@fema.dhs.gov)
      1. Situational awareness of institutional pattern of behavior
   3. Russel Towndrow; co-worker, Public Assistance Group Supervisor, Training and Development Branch, Section Public Assistance Division, Office: (619)954-9446, Mobile: (202) 531-0640, [Russell.Towndrow@FEMA.DHS.GOV](mailto:Russell.Towndrow@FEMA.DHS.GOV)
      1. Situational awareness of institutional pattern of behavior
8. Is there anyone else that you think we should speak with that may have direct knowledge of this issue?
9. If so, who and what information might they have? Please provide contact information.
10. Is there anything else that you care to add?

**Whether Complainant, Emergency Management Specialist, (Applicant), of Bellville, TX was discriminated against based on disability (physical) and age (1951) by management when the following incidents occurred:**

# 2. On January 6, 2025, Complainant was terminated

1. Specifically, who terminated you?
   1. Anthony In
2. Please name all of those involved in the termination.
   1. Unknown, but individuals involved include, Anthony in, Jodie Hunter, Don Simko, unnamed counsel to institution.
3. Why were you issued a Notice of Termination of Appointment?
   1. Documents stated they could not provide reasonable accommodation anywhere within the agency that would allow me to continue working with FEMA.
4. Do you agree with the reasons given for terminating your employment? Please explain
   1. The policy cited for my termination does not align with the legal requirement under the Rehabilitation Act to provide accommodations on an individual basis, not through blanket policies.
   2. No, my performance evaluations met or exceeded expectations; the sudden change seems retaliatory.
   3. In the informal communication with FEMA before this filing, I was told by their legal counsel that they had a policy that would not allow for remote work.
   4. This did not address the need for remote work to be an accommodation, as it should be made on an individual basis and not a blanket policy.
   5. This also did not address my clear ability to complete my job while working fully remote for the previous four years.
   6. The Supreme Court's decision in Smith v. City of Jackson, 544 U.S. 228 (2005), supports the notion that policies can be discriminatory under the ADEA based on their impact, even without intent.
5. Who notified you of your termination?
   1. Anthony In
6. Was this notification done verbally or in writing?
   1. Via email with attachment
7. Had you been given prior notice to being terminated?
   1. no
8. If so, when were you initial notified?
   1. 01/06/2025
9. What were the requirements of your position?
   1. Program Delivery Task Force Leaders (PD TFLs) have an integral role in the successful implementation of the PA delivery model. The PD TFL serves as a conduit between Public Assistance Group Supervisor (PAGS) and the Program Delivery Managers (PDMGs), communicating the Joint Field Office (JFO) operational priorities to the PDMGs. The PD TFL keeps the PAGS informed on the day- to-day activities and accomplishments of PDMGs. The PD TFL ensures the workload of PDMGs is balanced, allowing the PDMGs to focus on providing excellent customer service to applicants. The PD TFL manages and mentors PDMGs throughout the PA grant delivery process. PD TFLs ensure they set the conditions to ensure success of their PDMGs.
10. Were you fully meeting these requirements?
    1. Not fully, I couldn’t meet the physical deployment requirement. (I had been accommodated for 4 years with remote/telework informal accommodations)
11. If not, please discuss, including action you took to improve your performance.
    1. NA
12. Had you been counseled for performance issues during your Appointment?
    1. yes
13. If so, what were you counseled for?
    1. Email formatting
14. Did your performance improve?
    1. yes
15. Were you ever placed on a performance improvement plan (PIP)?
    1. Unsure if the email formatting issue required a PIP and I don’t have any access to my personnel file.
16. If so, when and how long?
    1. unknown
17. Are you aware of any other similar situated employees who were not terminated during this time?
    1. no
18. Please identify by name, race, and prior EEO if known.
    1. NA
19. Why do you contend that you were treated differently because of your race?
    1. I was isolated, marginalized and very little work was assigned.
20. Why do you contend that you were treated differently because reprisal?
    1. The timing of performance issues and subsequent termination directly followed my complaints about reasonable accommodation requests not being adjudicated in a timely manner.
    2. I was isolated, marginalized and very little work was assigned.
    3. I have spoken with SOR many times about my concerns over being underutilized and how I could do more for the mission.
21. Do you have any witnesses to support your contentions in this matter? Identify by name, title, email, and nature of information to be provided
    1. Mark Underhill; former supervisor, PDTFL, [markbunderhill@yahoo.com](mailto:markbunderhill@yahoo.com)
       1. Situational awareness of institutional pattern of behavior, can attest to the pattern of marginalization I experienced compared to non-disabled, younger employees
    2. Darla Dickerson; former supervisor, PDTFL, [Darla.Dickerson@fema.dhs.gov](mailto:Darla.Dickerson@fema.dhs.gov)
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       1. Situational awareness of institutional pattern of behavior, can attest to the pattern of marginalization I experienced compared to non-disabled, younger employees
22. Do you have anything else to add?

Much of the following has not been addressed in the denial.

“The denial must clearly state the specific reasons for the denial, which shall include, where applicable:”

Why the requested accommodation would not be effective;

Why the requested accommodation would result in undue hardship to the Agency;

Whether medical documentation provided was inadequate to establish that the individual has a disability and/or needs a reasonable accommodation.

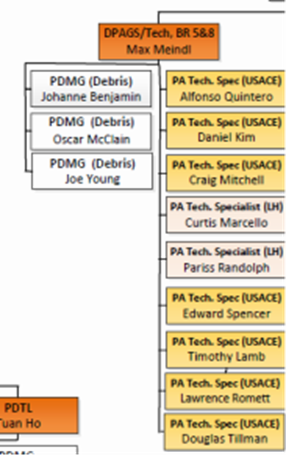
Whether the requested accommodation would require the removal of an essential function

Whether the requested accommodation would require the lowering of a performance or production standard

The cumulative effect of these actions has not only affected or ended my career but also my health and well-being. I seek recognition and redress for these injustices.

This snip was taken around 02/24/24, so add days as appropriate;



* 1. ****
  2. . I was deployed, virtually, to 4611DR, (09/2021-05/2023) as a PDTFL.

RESOLUTION:

# How would you like for your complaint to be resolved?

* 1. Full medical/disability in the amount of $5,000.00 per month, net, and full family health benefits paid for by the employer for the discrimination I’ve faced, which has led to significant health and financial impact.
  2. compensatory and punitive damages for emotional distress, and
  3. policy changes to prevent future discrimination

I have reviewed this statement, which consists of **[#]** pages and hereby solemnly swear (or affirm) that it is true and complete to the best of my knowledge and belief. I understand that the information I have given will not be held confidential and may be shown to the interested parties as well as made a permanent part of the Record of Investigation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[AFFIANT]** **[DATE]**

Signed on this day \_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_, 2021

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**[INVESTIGATOR//WITNESS]**