

FORMAL COMPLAINT OF DISCRIMINATION

For use of this form, see AR 690-600; the proponent agency is OSA

PRIVACY ACT STATEMENT (5 U.S.C. §552a)

AUTHORITY: Public Law 92-261

PRINCIPAL PURPOSE: Used for formal filing of complaints of discrimination because of race, color, national origin, religion, sex, age, physical or mental disability, and/or reprisal by Department of the Army civilian employees, former employees, applicants for employment, and some contract employees.

ROUTINE USES: Information will be used (a) as a data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts; (b) to respond to general requests for information under the Freedom of Information Act; (c) to respond to requests from legitimate outside individuals or agencies (Congress, White House, Equal Employment Opportunity Commission) regarding the status of an EEO complaint or appeal; or (d) to adjudicate an EEO complaint or appeal.

DISCLOSURE: Voluntary, however, failure to complete all appropriate portions of the form may lead to rejection of complaint on the basis of inadequate data on which to continue processing.

1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. HOME TELEPHONE NUMBER
4. HOME ADDRESS	5. DO YOU CURRENTLY WORK FOR THE FEDERAL GOVERNMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, complete 6, 6a, 6b, 7 and 8.)	
6. NAME OF AGENCY WHERE CURRENTLY EMPLOYED	6a. WORK TELEPHONE NUMBER	
6b. EMPLOYER'S ADDRESS (Complete information to include office symbol.)	7. PAY PLAN/SERIES/GRADE	
	8. CURRENT JOB TITLE	

SECTION I - COMPLAINT INFORMATION

9. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check below all that apply. Identify specific race, color, sex, age, religion, national origin, and/or disability.)

RACE _____ COLOR _____ SEX Male Female AGE _____

DATE OF BIRTH _____ NATIONAL ORIGIN _____ RELIGION _____

DISABILITY Mental _____ Physical _____ REPRISAL _____
(Date(s) and type of prior EEO activity)

10. EXPLAIN WHEN AND HOW YOU WERE DISCRIMINATED AGAINST (If your complaint involves more than one basis of alleged discrimination, list and number each basis separately and provide specific factual information in support of each allegation of discrimination. If necessary, continue on page 2.)

EXPLAIN WHEN AND HOW YOU WERE DISCRIMINATED AGAINST (Cont'd) (If necessary, additional sheets may be used.)

11a. NAME OF ORGANIZATION WHERE ALLEGED DISCRIMINATION OCCURRED

11b. ADDRESS OF ORGANIZATION WHERE ALLEGED DISCRIMINATION OCCURRED

12a. HAVE YOU DISCUSSED THE ISSUE(S) IN BLOCK 10 WITH AN EEO COUNSELOR? NO YES (If yes, complete 12b, 12c, and 12d below.)

12b. NAME OF EEO COUNSELOR

12c. DATE OF INITIAL CONTACT WITH EEO OFFICIAL (YYYYMMDD)

12d. DATE NOTICE OF RIGHT TO FILE A FORMAL COMPLAINT OF DISCRIMINATION RECEIVED (YYYYMMDD)

13. ELECTION OF REPRESENTATION

ATTORNEY

NON-ATTORNEY

NO REPRESENTATION

NAME OF REPRESENTATIVE _____

ADDRESS _____

TELEPHONE NUMBER: _____

FAX: _____

E-MAIL: _____

14. WHAT RELIEF ARE YOU SEEKING TO RESOLVE THIS COMPLAINT? (State specific corrective action desired for each allegation.)

15a. HAVE THE ISSUES IDENTIFIED IN BLOCK 10 BEEN APPEALED TO THE MERIT SYSTEMS PROTECTION BOARD (MSPB) OR FILED UNDER A UNION NEGOTIATED GRIEVANCE PROCEDURE? NO YES (If yes, complete 15b, 15c, and 15d below.)

15b. MSPB UNION NEGOTIATED GRIEVANCE

15c. DATE FILED (YYYYMMDD)

15d. MSPB OR UNION DOCKET NUMBER (If known)

16. LIST NAME(S) OF WITNESS (ES) AND BRIEFLY STATE WHAT INFORMATION WITNESS MAY CONTRIBUTE TO THE INVESTIGATION OF YOUR COMPLAINT.

17a. SIGNATURE OF COMPLAINANT

17b. DATE DA FORM 2590 SIGNED BY COMPLAINANT (YYYYMMDD)

SECTION II - TO BE COMPLETED BY THE PROCESSING EEO OFFICER (EEO)

18a. NAME OF COMPLAINANT	18b. SOCIAL SECURITY NUMBER	18c. DA DOCKET NUMBER
18d. TYPED/PRINTED NAME OF EEO	18e. ADDRESS OF EEO OFFICE (Complete address to include office symbol)	
18f. EEO TELEPHONE NUMBER		
18g. EEO OFFICE FAX NUMBER		
18h. EEO E-MAIL ADDRESS	18i. SIGNATURE OF EEO	

19a. DATE COMPLAINT RECEIVED (YYYYMMDD)	19b. METHOD OF DELIVERY <input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL (postmark date) (YYYYMMDD) _____ <input type="checkbox"/> FAX <input type="checkbox"/> OTHER
19c. DATE COMPLAINT DEEMED FILED (YYYYMMDD)	
19d. DATE COMPLAINT ACCEPTED OR DISMISSED (YYYYMMDD)	

20. IDENTIFY ISSUES IN BLOCK 10 BY PLACING AN **A** FOR ACCEPTED OR A **D** FOR DISMISSED IN APPLICABLE BOX(es)

	APPOINTMENT/HIRE	EXAMINATION/TEST	REINSTATEMENT
	ASSIGNMENT OF DUTIES	EVALUATION/APPRaisal	REPRIMAND
	AWARDS	HARASSMENT (non-sexual)	RETIREMENT/CONSTRUCTIVE DISCHARGE/RESIGNATION
	CONVERSION TO FULL TIME	HARASSMENT (sexual)	SUSPENSION
	DETAIL	PAY/OVERTIME	TERMINATION
	DEMOTION	PROMOTION/NON-SELECTION	TIME AND ATTENDANCE
	DISCIPLINARY ACTION (other)	REASSIGNMENT-REQUEST DENIED	TRAINING
	DUTY HOURS	REASSIGNMENT-DIRECTED	TERMS/CONDITIONS OF EMPLOYMENT

OTHER (Specify)	
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21. REMARKS