

**INFORMATION INQUIRY SUMMARY**

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

1. DATE OF INITIAL CONTACT  
(YYYYMMDD)**PRIVACY ACT STATEMENT (5 U.S.C. §552a)****AUTHORITY:** Public Law 92-261**PRINCIPAL PURPOSE:** Used for processing of complaints of discrimination because of race, color, religion, sex, national origin, 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 (White House, Congress, Equal Employment Opportunity Commission) regarding the status of an EEO complaint or appeal; or (d) to adjudicate complaint or appeal.**DISCLOSURE:** Voluntary, however, failure to complete all appropriate portions of the form may lead to delay in processing and/or rejection of complaint on the basis of inadequate data on which to continue processing.

2. NAME (Last, First, Middle Initial)

3. DUTY ORGANIZATION (Complete address including office symbol)

4. WORK TELEPHONE NUMBER

5. HOME TELEPHONE NUMBER

6. HOME ADDRESS

7. EEO OFFICIAL CONTACTED

- EEO OFFICER OR STAFF MEMBER
- EEO COUNSELOR

8. TYPE OF CONTACT

- TELEPHONIC     IN-PERSON     E-MAIL

9. MATTER(s) OF CONCERN IDENTIFIED (Use additional sheets, if required.)

10. CONTACT SUMMARY

Provided general information regarding EEO complaint processing, emphasizing the **45-calendar day** prescribed time limitation for Initiating the EEO complaint process and right to representation during the EEO process, including the pre-complaint intake interview.

OTHER (Explain)

11. PRINTED NAME OF EEO OFFICIAL

12. SIGNATURE OF EEO OFFICIAL

13. DATE (YYYYMMDD)

14. PRINTED NAME OF INDIVIDUAL

15. SIGNATURE OF INDIVIDUAL (If available)

16. DATE (YYYYMMDD)