

**EEO COUNSELOR'S REPORT**

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

1. DA DOCKET NUMBER

**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, national origin, religion, sex, age, physical and/or mental disability, 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 a complaint or appeal; or (d) to adjudicate complaint or appeal.**DISCLOSURE:** Voluntary, however, failure to complete all appropriate portions of this form may lead to delay in processing and/or rejection of complaint on the basis of inadequate data on which to continue processing.**SECTION I - PRE-COMPLAINT INTAKE INTERVIEW**

2. NAME OF AGGRIEVED ( <i>Print-Last, First, Middle Initial</i> )		3. SSN	4. JOB TITLE	
5. PAY PLAN/SERIES/ GRADE	6. DUTY ORGANIZATION ( <i>Complete address including office symbol</i> )			
7. WORK TELEPHONE	8. HOME TELEPHONE	9. HOME ADDRESS		
10. DATE OF ALLEGED DISCRIMINATORY ACTION ( <i>YYYYMMDD</i> )	11. 45 <sup>TH</sup> CALENDAR DAY AFTER EVENT ( <i>YYYYMMDD</i> )	12. REASON FOR DELAYED CONTACT BEYOND 45 DAYS, IF APPLICABLE		
13. DATE OF INITIAL CONTACT WITH EEO OFFICIAL ( <i>YYYYMMDD</i> )	14. 30 <sup>TH</sup> CALENDAR DAY AFTER INITIAL CONTACT WITH EEO OFFICIAL ( <i>YYYYMMDD</i> )	15. 90 <sup>TH</sup> CALENDAR DAY AFTER INITIAL CONTACT WITH EEO OFFICIAL ( <i>YYYYMMDD</i> )	16. DATE COUNSELING EXTENSION GRANTED, IF APPLICABLE ( <i>YYYYMMDD</i> )	
17. DATE PRE-COMPLAINT INTAKE INTERVIEW CONDUCTED ( <i>YYYYMMDD</i> )		18. PRE-COMPLAINT INTAKE INTERVIEW CONDUCTED: <input type="checkbox"/> Telephonically <input type="checkbox"/> In-Person <input type="checkbox"/> Other ( <i>facsimile/e-mail</i> )		

**SECTION II - ORGANIZATION WHERE ALLEGED DISCRIMINATION OCCURRED** (*Complete address including office symbol*)**SECTION III - RESPONDING MANAGEMENT OFFICIAL(S) INFORMATION** (*Include name, complete work address and phone number if known.*)

**SECTION IV - BASIS OF COMPLAINT** *(Identify specific race, color, religion, national origin, disability, age, sex, or reprisal if alleged.)*

RACE \_\_\_\_\_  COLOR \_\_\_\_\_ SEX  Male  Female

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  NATIONAL ORIGIN \_\_\_\_\_

RELIGION \_\_\_\_\_ DISABILITY  Mental \_\_\_\_\_  Physical \_\_\_\_\_

REPRISAL \_\_\_\_\_

*(Date(s) of prior EEO activity)*

**SECTION V - MATTER(s) GIVING RISE TO COMPLAINT** *(Specify who, what, where, and when.) (Use additional sheet of paper if necessary.)*

*(This area is intentionally left blank for the complainant to specify the matter(s) giving rise to the complaint.)*

**SECTION VI - RELIEF SOUGHT**

*(This area is intentionally left blank for the complainant to specify the relief sought.)*

**SECTION VII - RIGHTS AND RESPONSIBILITIES**

THE AGGRIEVED WAS PROVIDED WITH THE AGGRIEVED PERSON'S RIGHTS AND RESPONSIBILITIES NOTICE AND WAS SPECIFICALLY ADVISED OF THE FOLLOWING:

- The basis(es) for filing pre-complaint, formal complaint, and/or class complaint, and of right to file a formal complaint of discrimination.
- The pre-complaint, formal and/or class complaint process.
- The 45-day calendar requirement from effective date of personnel action or of the date of the matter alleged to be discriminatory.
- The role of the EEO counselor, including that the counselor is not an advocate for either the aggrieved person or the agency and acts strictly as a neutral.
- The activity's Alternate Dispute Resolution (ADR) Program and right to elect either ADR (if offered) or traditional EEO counseling.
- The right to remain anonymous during the pre-complaint process.
- The right to representation throughout the complaint process.
- Responsibility of the aggrieved to notify the EEO office in writing of any change in address and/or phone number.
- Responsibility of the aggrieved to notify the EEO office in writing of non-attorney or attorney representation, including address and phone number.
- The possible election requirement between a negotiated grievance procedure, MSPB procedure and the EEO complaint process.
- The election options in age and wage-based discrimination complaints.

**SECTION VIII - ELECTION OF REPRESENTATION**

ATTORNEY       NON-ATTORNEY       NON-REPRESENTATIVE

NAME OF REPRESENTATIVE		ADDRESS	
TELEPHONE NUMBER	FAX	E-MAIL	

**SECTION IX - ALTERNATE DISPUTE RESOLUTION (ADR)**

Matter determined not appropriate for ADR \_\_\_\_\_  
*(Aggrieved must sign and date)*

Matter determined appropriate for ADR \_\_\_\_\_  
*(EEO Officer must initial and date)*

Wishes to participate in ADR, if offered \_\_\_\_\_  
*(EEO Officer must initial and date)*

Date of written offer of ADR \_\_\_\_\_

Date of Agreement to Participate in ADR \_\_\_\_\_

Name of assigned ADR facilitator/mediator \_\_\_\_\_

Date ADR facilitator/mediator assigned \_\_\_\_\_

**Result of ADR:**

ADR was successful. Negotiated settlement agreement, signed on \_\_\_\_\_ (YYYYMMDD), is

ADR was not successful. The aggrieved was issued a Notice of Right to File a Formal Complaint of Discrimination on \_\_\_\_\_ (YYYYMMDD) and notified of requirement to file a formal complaint within **15 calendar days** after receipt of Notice of Right to File. The aggrieved was provided a DA Form 2590, Formal Complaint of Discrimination.

**SECTION X - TRADITIONAL EEO COUNSELING (EEO official to complete only those which apply.)**

Election of traditional counseling.  
Name of assigned EEO counselor \_\_\_\_\_  
Date EEO counselor assigned \_\_\_\_\_

Election to remain anonymous.

Election to waive right to remain anonymous.

Declined to pursue matter under Title VII.

**SECTION XI - WITNESS INQUIRY**

a. Witness Information *(List all witness data here. Number sequentially and include name, title, organization, phone number, and relevant basis(es) information.)*

b. Witness Statements

**SECTION XI - WITNESS INQUIRY (Cont'd)**

Witness Statements (Cont'd)

c. Documents Reviewed (List)

d. Reviewed Documents Revealed

**SECTION XII - OUTCOME OF PRE-COMPLAINT INQUIRY**

- Resolution was not accomplished, therefore, I conducted the final interview with aggrieved on \_\_\_\_\_ (YYYYMMDD) at which time I informed the aggrieved of the full scope of my inquiry and the reason(s) articulated by management for action(s) taken. I provided the aggrieved with a Notice of Right to File a Formal Complaint of Discrimination and a DA Form 2590, Formal Complaint of Discrimination. The aggrieved is aware of the requirement to file a formal complaint within **15 calendar days** of the final interview if not satisfied with the results of my inquiry.
- Resolution was accomplished. Negotiated settlement agreement, signed on \_\_\_\_\_ (YYYYMMDD), is attached.

PRINTED NAME OF EEO COUNSELOR

SIGNATURE OF EEO COUNSELOR

Attachments:

1. Extension of counseling (if applicable)
2. Copies of reviewed documents

DATE SUBMITTED TO EEO OFFICER  
(YYYYMMDD)