FORMAL DISCRIMINATION COMPLAINT IN THE NATIONAL GUARD

For use of this form see NGR (AR) 690-600/NGR (AF) 40-1614, the proponent is NGB-EO

NGB Case Number T-

PRIVACY ACT STATEMENT

1. Authority: Public Law 92-261 amending 42 U.S.C. Section 2000e
2. Principal Purpose: Used by National Guard Technicians in filing a formal complaint of discrimination.
3. Routine Uses: Used by National Guard Technicians in filing a formal complaint of discrimination. Used by State Adjutant General in accepting or dismissing complaints and when requesting investigations from the National Guard Bureau. The form becomes a part of the official complaint file.
4. Mandatory or Voluntary Disclosure and Effect on Individual not providing information. This form must be completed by a complainant in filing a formal complaint of discrimination. It is not mandatory in that complaints of discrimination will be acepted if submitted in other formats. Failure to provide information as specified may result in delay or dismissal of a complaint.

INSTRUCTIONS

Any technician or applicant for technician employment who believes that he or she has been discriminated against because of race, color, religion, gender(including sexual harassment), national origin, age, or physical or mental handicap, in an employment matter subject to the control of the State National Guard or the National Guard Bureau, may file an individual complaint of discrimination. Before a formal complaint can be filed, the complainant must first present the matter as an informal complaint to an EEO Counselor or the SEEM within 45 calendar days from the date of the alleged discriminatory event or the personnel action took place. Each issue must state a specific incident, to include dates , so that its scope is clear. Also each issue must have been discussed with an EEO Counselor. The Counselor will assist you in stating acceptable issues in clear terms. Any issues that are not clear and specific will be returned for clarification or may be dismissed.

TO BE COMPLETED BY SEEM

THE MATTERS GIVING RISE TO THE COMPLAINT WILL BE CODED USING ONE OR MORE OF THE FOLLOWING CODES:

CATEGORY	CODE	CATEGORY	CODE	CATEGORY	CODE
Appointment/Hire	(1)	Duty Hours	(10)	Reassignment	
Assingment of Duties	(2)	Equal Pay Act Violation	(11)	Request Denied	(18)
Awards	(3)	Examination/Test	(12)	Directed	(19)
Conversion to Full-Time	(4)	Evaluation/Appraisal	(13)	Reinstatement	(20)
Disciplinary Action:		Harassment		Retirement	(21)
Demotion	(5)	Non-Sexual	(14)	Time and Attendance	(22)
Reprimand	(6)	Sexual	(15)	Training/Education	(23)
Suspension	(7)	Pay Including Overtime	(16)	Terms/Conditios of Employment	(24)
Termination	(8)	Promotion/Non-Selection	(17)	Other	(25)
Other	(9)				

ENTER CODE(S) FOR MATTER(S) GIVING RISE TO THE COMMENT									

DATE COUNSELOR CONTACTED	DATE OF INITIAL INTERVIEW	DATE FINAL INTERVIEW

DATE FILED WITH SEEM:

BASED ON:
☐ POSTMARK ☐ DELIVERY
☐ FAXED ☐ NO LEGIBLE POSTMARK *(Use 5 days before receipt)*

1. NAME OF COMPLAINANT (Last Name, First Name, Middle)

2. HOME ADDRESS *(Including Zip Code)*

3. TELEPHONE NUMBERS
a. BUSINESS:
COMM
DSN
b. HOME:

4. ACTIVITY OR UNIT IN WHICH DISCRIMINATION TOOK PLACE:

5. ARE YOU PRESENTLY A: *(CHECK ONE)*
☐ Technician
☐ Applicant for Employment
☐ Former Technician

6. LOCATION OF THE POSITION *(If different from 4. above)*

7. CHECK BELOW THE BASES *(Reasons)* FOR ALLEGED DISCRIMINATION:

☐	R	RACE (Check Your Race)	☐ Black ☐ Whit e ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander
☐	A	AGE (State Your Age)	
☐	G	GENDER(Not Sexual Harassment) (Check Your Gender)	☐ Male ☐ Female
☐	S	GENDER(Sexual Harassment) (Check Your Gender)	☐ Male ☐ Female
☐	N	NATIONAL ORIGIN (State Your National Origin)	☐ Hispanic ☐ Other *(Specify)*
☐	C	COLOR (State Your Color)	
☐	H	HANDICAP (State Your Handicap)	☐ Mental ☐ Physical
☐	L	RELIGION (State Your Religion)	
☐	O	RETALIATION (Based Upon EO/EEO Activity)	☐ Yes ☐ No

8. ARE YOU BEING REPRESENTED?

☐ Yes *(Complete 9)* ☐ No

9. IF YES, NAME OF REPRESENTATIVE

Attorney at Law ☐ Yes ☐ No

10. I ☐ have ☐ have not filed a greivance on this matter.

11. I ☐ have ☐ have not appealed to MSPB.

12. WHAT CORRECTIVE ACTION DO YOU WANT TAKEN TO RESOLVE YOU COMPLAINT?

13. SPECIFIC ALLEGATION AND ISSUES *(Explain how you believe you were discriminated against)*

Issues: A. Number each issue
B. List briefly the alleged act of discrimination, the basis, and the date(s) it took place.
C. Optional: You may indicate the name of the individual you believe discriminated against you.

SAMPLE: I was discriminated against on *(date)* on the basis of *(Race, Religion, or other bases)* when *(briefly list the discriminatory event(s) or personnel action)*.

1.

13. SPECIFIC ALLEGATION AND ISSUES *(Continued)*

14. SIGNATURE OF COMPLAINANT	15. DATE *Do not date before you receive a Notice of Final Interveiw and Right to File a Complaint from your EEO Counselor*