

**NATIONAL GUARD BUREAU  
FORMAL COMPLAINT OF DISCRIMINATION**

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

**PRIVACY ACT STATEMENT**

1. **AUTHORITY:** Title VII of the Civil Rights Act of 1964, as amended 42 USC 2000e and Title 29 Code of Federal Regulations, Part 1614.
2. **PRINCIPAL USES:** Used by National Guard Technicians in filing a formal complaint of discrimination.
3. **ROUTINE USES:** 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. This information may be disclosed to the state National Guard, National Guard, National Guard Bureau, Equal Employment Opportunity Commission, state or federal courts for reviews, decisions, and appeals of decisions. The National Guard Bureau is the official custodian of record.
4. **DISCLOSURE:** Disclosure is voluntary. A complainant in filing a formal complaint of discrimination must complete this form. It is not mandatory in that complaints of discrimination will be accepted 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                  |      |
| Assignment 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              | (14) | Retirement                    | (21) |
| Demotion                | (5)  | Sexual                  | (15) | Time and Attendance           | (22) |
| Reprimand               | (6)  | Pay Including Overtime  | (16) | Training/Education            | (23) |
| Suspension              | (7)  | Promotion/Non-Selection | (17) | Terms/Condition of Employment | (24) |
| Termination             | (8)  |                         |      | Other                         | (25) |
| Other                   | (9)  |                         |      |                               |      |

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

DATE COUNSELOR CONTACTED:

DATE OF INITIAL INTERVIEW:

DATE OF 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:

3. ACTIVITY OR UNIT IN WHICH DISCRIMINATION TOOK PLACE:

5. ARE YOU PRESENTLY A: (Check one)

Technician

Applicant for Employment

Former Technician

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. LOCATION OF POSITION: <i>(If different from 4)</i>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |
| 7. CHECK BELOW THE BASES <i>(Reasons)</i> FOR ALLEGED DISCRIMINATION:                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | R RACE <i>(Check Your Race)</i> <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Hispanic Latino |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | A AGE <i>(State Your Age)</i> _____    DOB _____                                                                                                                                                                                                              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | S SEX <i>(Check Your Sex)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | H HARASSMENT <i>(Check Your Appropriate Basis)</i> <input type="checkbox"/> Sexual <input type="checkbox"/> Non- Sexual                                                                                                                                       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | N NATIONAL ORIGIN <i>(State Your National Origin)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <i>(Specify)</i> _____                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | C COLOR <i>(State Your Color)</i> _____                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | H HANDICAP <i>(State Your Handicap)</i> <input type="checkbox"/> Mental <input type="checkbox"/> Physical                                                                                                                                                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | L RELIGION <i>(State Your Religion)</i> _____                                                                                                                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | O RETALIATION <i>(Based Upon EO/EEO Activity)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                    |
| 8. ARE YOU BEING REPRESENTED:                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> Yes <i>(Complete 9)</i> <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                        | 9. IF YES, NAME OF REPRESENTATIVE:                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Attorney at Law <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                      |
| 10. I <input type="checkbox"/> have <input type="checkbox"/> have not filed a grievance on this matter.                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                               |
| 11. I <input type="checkbox"/> have <input type="checkbox"/> have not appealed a grievance on this matter.                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                               |
| 12. WHAT CORRECTIVE ACTION DO YOU WANT TAKEN TO RESOLVE YOUR COMPLAINT?                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                               |
| 13. SPECIFIC ALLEGATION AND ISSUES: <i>(Explain how you believe you were discriminated against)</i>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                               |
| <p>Issues    A. Number each issue.<br/>                     B. List briefly the alleged act of discrimination, the basis, and the date(s) it took place.<br/>                     C. Optional: You may indicate the name of the individual you believe discriminated against you.</p> <p>SAMPLE: 1. I was discriminated against on (date) on the basis of (Race, Religion, or other Basis) when (briefly list the discrimination event(s) or personnel action).</p> |                                                                                                                                                                                                                                                               |

13. SPECIFIC ALLEGATION AND ISSUES: *(Continued)*

14. SIGNATURE OF COMPLAINANT:

DATE:

Do not date before you receive a Notice of Final interview and Right to File a Complaint from your EEO Counselor.

