



U.S. DEPARTMENT OF HOMELAND SECURITY
HEADQUARTERS EEO OFFICE
INFORMAL COMPLAINT INTAKE FORM

Case Number:
Informal Complaint Start Date:

1. NAME OF AGGRIEVED <i>(First, Middle Initial, Last)</i>		2. TELEPHONE NUMBER		
3. HOME ADDRESS <i>(Street, City, State, & Zip Code)</i>		a. CELL ()		
		b. OFFICE ()		
4. EMPLOYMENT STATUS		5. HAVE YOU FILED A PRIOR EEO COMPLAINT ON THIS ISSUE?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
6a. POSITION TITLE		b. GRADE AND SERIES		
c. OFFICE AND ORGANIZATIONAL UNIT		d. PREFERRED EMAIL ADDRESS FOR CORRESPONDENCE		
7a. INDIVIDUAL(S) RESPONSIBLE FOR ALLEGED DISCRIMINATION		7b. POSITION TITLE, GRADE, EMAIL ADDRESS		
8. ELECTION OF REPRESENTATION		<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> NON-ATTORNEY	<input type="checkbox"/> NO REPRESENTATION
a. NAME OF REPRESENTATIVE <i>(If applicable)</i>		9. DATE OF MOST RECENT DISCRIMINATORY EVENT		
b. ADDRESS <i>(Street, City, State, and ZIP Code)</i>				
c. TELEPHONE NUMBER		d. FAX NUMBER		e. E-MAIL ADDRESS
10. BASIS OF DISCRIMINATION <i>(Type of discrimination)</i>				
AGE <i>(state date of birth)</i>				
COLOR <i>(state your skin color complexion)</i>				
DISABILITY <i>(physical, mental, or both)</i>				
GENETIC INFORMATION				
NATIONAL ORIGIN <i>(state your national origin)</i>				
RACE <i>(state your race)</i>				
RELIGION <i>(state your religion)</i>				
REPRISAL <i>(state the date(s) of Prior EEO Activity)</i>				
SEX <i>(select gender)</i>				
OTHER				
11. Participate in Alternative Dispute Resolution to resolve dispute YES NO				
12. CLAIM OF DISCRIMINATION <i>(Describe the action(s) that form the basis of your complaint; answer the who, what, when, where, why, and how. If you need additional space, continue on the next page or attach a separate document.)</i>				

