0.3.	U.S. DEPARTMENT OF HOMELAND SECURITY		Case Number:	
HEADQUARTERS EEO OFFICE		ICE	Informal Complaint Start Date:	
INFORMAL COMPLAINT INTAKE FORM			mornia complaint can zate.	
1. NAME OF AGGRIEVED (First, Middle Initial, Last)			2. TELEPHONE NUMBER	
	,			
3. HOME ADDRESS (Street, City, State, & 2	Zip Code)		a. CELL	
			()	
			b. OFFICE	
4. EMPLOYMENT STATUS		LE HAVE VOLLEUED A PRIOF	R EEO COMPLAINT ON THIS ISSUE?	
4. EMPLOTMENT STATUS		S. HAVE TOO FIEED AT KICK EEG GOMIN EARNY ON THIS 1000E		
		YES	NO	
6a. POSITION TITLE		b. GRADE AND SERIES	1	
CONTRACTIONAL UNIT				
c. OFFICE AND ORGANIZATIONAL UNIT		d. PREFERRED EMAIL ADDRESS FOR CORRESPONDENCE		
7a. INDIVIDUAL(S) RESPONSIBLE FOR A	LLEGED DISCRIMINATION	7b. POSITION TITLE, GRADE	, EMAIL ADDRESS	
ELECTION OF REPRESENTATION a. NAME OF REPRESENTATIVE (If applicable)	ATTORNEY NON-ATTORNI	EY NO REPRESENTATION	9. DATE OF MOST RECENT DISCRIMINATORY EVENT	
α. ΝΑΙΝΈ ΟΓ ΚΕΥΚΕΘΕΙΝΤΑΤΙΎΕ (11 αμφιισαμί 	e)		Diocitimity of the state of the	
b. ADDRESS (Street, City, State, and ZIP Co	ode)			
o. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	40)			
c. TELEPHONE NUMBER	d. FAX NUMBER	e. E-MAIL ADDRESS		
10. BASIS OF DISCRIMINATION (Type of	discrimination)			
AGE (state date of birth)				
AGE (state date of birth) COLOR (state your skin color complexi	ion)			
AGE (state date of birth)	ion)			
AGE (state date of birth) COLOR (state your skin color complexi DISABILITY (physical, mental, or both)	ion)			
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REVISED, AUGUST 2020 Page 1 of 2

13. HAVE YOU FILED A COMPLAINT WITH THE DHS A UNIT REGARDING THIS MATTER?	NTI-HARASSMENT	14. STATUS OF COMPLAI	NT (Select from list below)
YES NO			
15. HAVE YOU APPEALED THE ALLEGATION(S) IDEN	TIFIED IN ITEM #12 TC	THE MERIT SYSTEMS PRO	OTECTION BOARD (MSPB) OR RAISED
IN A NEGOTIATED GRIEVANCE PROCEDURE?	NO		poxes 15.a., b., and c. below)
a. (Select one)	b. DATE FILED	c. MSPB OR U	NION DOCKET NUMBER (If known)
MSPB NEGOTIATED GRIEVANCE 16. WHAT RELIEF ARE YOU SEEKING TO RESOLVE TO	THIS COMPLAINT? (St	ate the specific remedy reque	sted)
TO. WHAT RELEE ARE 100 DEEKING TO RESOUVE	THO COM EART! (C	ate the specime remedy reque	sicu)
17. CONTINUATION - CLAIM OF DISCRIMINATION			
			40 DATE:
18. I ELECT TO REMAIN ANONYMOUS DURING COUNS	SELING.		19. DATE:
20a. SIGNATURE (digital preferred)		20b. TYPE NAME (if unable	to sign using digital signature)
200. Sional one (alguar profession)		. (<i>5 5 5 5 5 5 5 5 5 5</i>
240 EEO COUNSELOR	24h SICNATURE		22 DATE:
21a. EEO COUNSELOR	21b. SIGNATURE		22. DATE:

REVISED, AUGUST 2020 Page 2 of 2