



**U.S. DEPARTMENT OF THE TREASURY
INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION
FORM INSTRUCTIONS**

TDF 62-03.5 (Rev. 01/03 edition)

**(Read the following instructions carefully before you complete this form)
(Please complete all items on the complaint form)**

GENERAL: This form should be used only if you, as an applicant for employment with the Department of the Treasury, or as a present or former Department of the Treasury employee:

- 1)** believe you have been discriminated against because of your **race, color, religion, sex, national origin, age** (40 years or older at the time of the event giving rise to your claim), **physical or mental disability**, or in **reprisal** for opposition to activities protected by civil rights statutes, **or**
- 2)** believe you have been discriminated against because of your **parental status, sexual orientation, or protected genetic information**. Your claim is not covered under a statutory basis, but will be processed under a parallel procedure, **and**
- 3)** have presented the matter for informal resolution to an Equal Employment Opportunity (EEO) Counselor within **45 days** of the event giving rise to your claim, or within **45 days** of first becoming aware of the alleged discrimination. If you are amending or providing additional evidence to an existing open complaint, the form should be used, but EEO counseling is not required.

IMPORTANT NOTE: In certain situations, the information provided in Part III of the attached complaint form may be used in lieu of an affidavit in the investigation of your complaint. Accordingly, the information you provide in this part should be brief, clear, and complete.

WHEN TO FILE: In accordance with 29 CFR 1614.106, your formal complaint must be filed within **15 calendar days** of the date you received the Notice of Right to File a Discrimination Complaint form from your EEO Counselor. You must sign and date your complaint. If you are represented **by an attorney**, the attorney may sign the complaint on your behalf.

These time limits may be extended:

- 1)** if you show that you were not notified of the time limits and were not otherwise aware of them, or **2)** if you were prevented by circumstances beyond your control from submitting the matter within the time limits, or **3)** for other reasons considered sufficient by the Department.

REPRESENTATION: You may have a representative of your own choosing at all stages of the processing of your complaint. However, your representative will be disqualified if such representation would conflict with the official or collateral duties of the representative. No EEO Counselor or EEO Investigator or EEO Officer may serve as a representative. *(Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)*

WHERE TO FILE: In accordance with 29 CFR 1614.106(c), your written complaint must be signed by you or your attorney. The complaint should be filed with the Treasury Complaint Center responsible for the geographic area in which you work, or, in the case of a former employee or applicant, where you live. (Filing instructions are contained in the "Right to File" form, which was provided by your Counselor.) You also may file your complaint with the Director, Office of Equal Opportunity Program (OEOP), Department of the Treasury, 1500 Pennsylvania Avenue, NW, Metropolitan Square, Room 6071, Washington, DC 20220. **However, this will delay the processing of your complaint as OEOP will forward your complaint to the appropriate Center for processing.** Keep a copy of the completed complaint form for your records.

PRIVACY ACT STATEMENT

1. FORM NUMBER/TITLE/DATE: Department of the Treasury Form Number **TDF 62-03.5**, Individual Complaint of Employment Discrimination with the Department of the Treasury (12/02 Edition).

2. AUTHORITY: 42 USC 2000e; 29 USC 633a; PL 95-062 as amended; 5 USC 1303 and 1304; 5 CFR 5.2 and 5.3; 29 CFR 1614.105 and 1614.107; and Executive Order 11478, as amended, Executive Order 13145; and Executive Order 13152.

3. PRINCIPAL PURPOSES: The purpose of this complaint form, whether recorded initially on the form or taken from a letter from the Complainant, is to record the filing of a formal written complaint of employment discrimination with the Department of the Treasury on the grounds of race, color, religion, sex, national origin, age, physical or mental disability, (including protected genetic information), sexual orientation, parental status, or retaliation. Information provided on this form will be used by the Department of the Treasury to determine whether the complaint was timely filed and whether the allegations in the complaint are within the purview of 29 CFR Part 1614, or the Executive Orders listed in item 2 above, to provide a factual basis for investigation of the complaint, and to reach a decision on the complaint. It also records an amendment or additional evidence to an open, pending complaint.

4. ROUTINE USES: Other disclosures may be:

- a. to respond to a request from a Member of Congress regarding the status of the complaint or appeal;
- b. to respond to a court subpoena and/or to refer to a district court in connection with a civil suit;
- c. to disclose information to authorized officials or personnel to adjudicate a complaint or appeal;
- d. to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.

5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION: Formal complaints of employment discrimination must be in writing, signed by the Complainant (or attorney representative), and must identify the parties and action or policy at issue. Failure to comply may result in the Department of the Treasury dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

DETACH AND KEEP THIS PAGE WHEN YOU FILE YOUR COMPLAINT



FOR OFFICE USE ONLY

DEPARTMENT CASE NUMBER

**INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION
WITH THE DEPARTMENT OF THE TREASURY**

FILING DATE / /

Part I Complainant Identification

1. Name (Last, First, Middle Initial)

5. Name and Address of Organization Where You Work (If a Treasury Employee)

2. Telephone/Fax (Include Area Code)

Bureau

Home: Fax:

Business Unit

Work: Fax:

Office and Organizational Component

3. Present Home Address (You must notify the Department of any changes of address while complaint is pending, or your complaint may be dismissed)

Street Address

Street Address

City State Zip Code

City State Zip Code

6. Employment Status in Relation to this Complaint:

4. If you are a current or former employee of the Federal government, list your most recent title, series, and grade.

Applicant Probationary Career/Career Conditional

Title Series Grade

Former Employee Date Left Treasury Employment / /

Retired Date of Retirement / /

Other Specify

7. I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief.

Signature of Complainant or Attorney Representative

Date

Part II Designation of Representative

8. You may represent yourself in this complaint or you may choose someone to represent you. Your representative does not have to be an attorney. You may change your designation of a representative at a later date, but you must notify the Department immediately in writing of any change, and you must include the same information requested in this Part.

" I hereby designate _____ (Please Print Name) to serve as my representative during the course of this complaint. I understand that my representative is authorized to act on my behalf. "

9. Representative's Mailing Address

10. Representative's Employer (If Federal Agency)

Firm/Organization

11. Representative's Telephone/Fax (Include Area Code)

Street Address

Telephone Fax

City State Zip Code

12. Complainant's Signature

Date

Part III Alleged Discriminatory Actions

13. Name and Address of Treasury Bureau that took the action at issue (if different than item 5.)

Bureau _____ Office and Organizational Component _____
 Street Address _____
 City _____ State _____ Zip Code _____

14. If your complaint involves nonselection for a position, please complete the following:

Position Title _____ Series _____ Grade _____
 _____ / _____ / _____
 Vacancy Announcement Number _____ Date Learned of Nonselection _____

15. (A) Describe the action taken against you that you believe was discriminatory; **(B)** Give the date when the action occurred, and the name of each person responsible for the action; **(C)** Describe how you were treated differently than other employees or applicants because of your race, color, religion, sex, national origin, age, disability, or in retaliation for your participation in the EEO process or opposition to alleged discriminatory practices; **(D)** Indicate what harm, if any, came to you in your work situation as a result of this action. *(You may but are **not required** to attach extra sheets.)* **(E)** If the basis of your complaint is your parental status, sexual orientation, or protected genetic information, use this form, but your complaint is not statutorily based and will follow a separate, parallel process.

16. Mark below ONLY the bases you believe were relied on to take the actions described in #15.

- | | |
|--|---|
| <input type="checkbox"/> Age (Date of Birth) _____
<input type="checkbox"/> Race (State Race) _____
<input type="checkbox"/> Color (State Color) _____
<input type="checkbox"/> Religion (State Religion) _____
<input type="checkbox"/> Sex (Specify) _____
<input type="checkbox"/> National Origin (Specify) _____ | <input type="checkbox"/> Physical or Mental Disability (Describe) _____
<input type="checkbox"/> Retaliation/Reprisal (Dates of Prior EEO Activity) _____ / _____ / _____
<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Parental Status
<input type="checkbox"/> Protected Genetic Information |
|--|---|

17. What remedial or corrective action are you seeking to resolve this matter?

18. If you wish to amend your complaint (or provide additional evidence), indicate the complaint case number of that complaint.

Part IV Contact

**EEO Counseling is not required if you are amending an existing open complaint.
 Complete items 19, 20, and 24 even if you did not contact a counselor.**

19. When did the most recent discriminatory event occur?

_____/_____/_____
 Month Day Year

23. When did you receive your "Notice of Right to File"?

_____/_____/_____
 Month Day Year

20. When did you first become aware of the alleged discrimination?

_____/_____/_____
 Month Day Year

21. When did you contact an EEO counselor?

_____/_____/_____
 Month Day Year

22. Did you discuss all actions raised in item 15 with an EEO counselor? YES NO
(If no, explain on attached sheet)

23. Name and telephone number of EEO counselor.

 Name Telephone No.

24. On this same matter, have you filed a grievance or appeal under:

- Negotiated grievance procedure YES No
 Agency grievance procedure YES No
 MSPB appeal procedure YES No

If you filed a grievance or appeal, provide date filed, case number, and present status.

