



**U.S. CUSTOMS AND BORDER PROTECTION
REQUEST FOR INFORMAL EEO COUNSELING**

Instructions: Please complete all fields and press the submit button at the top of the page.

What is your name?* *(Last, First, Middle Initial)*

What is your mailing address?*

What is your work telephone number? () Ext.

What is your home telephone number? ()

What is your mobile telephone number? ()

What is your e-mail address?

What leads you to believe you have been the victim of unlawful discrimination?*

For questions regarding the EEO complaint process, please click on this link for [frequently asked questions](#).

* Required Field