



**U.S. DEPARTMENT OF THE TREASURY
INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION FORM INSTRUCTIONS
TDF 62-03.5 (REV. 09/14 EDITION)**

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

GENERAL: This form is to be used to file a formal complaint of discrimination if you are an applicant for employment with the Department of the Treasury, or a present or former Department of the Treasury employee and:

- 1) believe you have been discriminated against because of your **race, color, religion, sex (including pregnancy or LGBT), national origin, age** (40 years or older at the time of the event giving rise to your claim), **disability, protected genetic information**, or in **reprisal** for opposition to activities protected by civil rights statutes or participating in the EEO process, **or**
- 2) believe you have been discriminated against because of your **parental status**. Your claim is not covered under a statutory basis, but will be processed under a parallel procedure.

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.

This time limit 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 limit, 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, 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 Department of the Treasury. (Filing instructions are contained in the "Notice of Right to File" letter, which was provided by your EEO Counselor.) 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 (09/14 Edition).
2. **AUTHORITY:** 42 USC § 2000e; 29 USC § 633a; PL 95-062, as amended; 5 USC §§ 1303-1304; 5 CFR §§ 5.2-5.3; 29 CFR §§ 1614.105, .107; 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 (including pregnancy or LGBT), national origin, age, disability, protected genetic information, 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. This form may also be used to record an amendment request or additional evidence for 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; or
 - 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.


**INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION
WITH THE DEPARTMENT OF THE TREASURY**
FOR OFFICE USE ONLY

Department Formal Case Number

Filing Date

PART I COMPLAINANT IDENTIFICATION
1. Name

Last Name

First Name

Middle Initial

2. Primary Contact Number (Include Area Code)

Phone

 Cell Home Work

3. Email

Email

 Personal Work

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

Street Address

City

State

Zip Code

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

Title

Series

Grade

6. Name and Address of Organization Where You Work (if a Treasury Employee)

Bureau

Business Unit

Office and Organizational Component

Street Address

City

State

Zip Code

7. Employment Status in Relation to this Complaint:

- Applicant
 Probationary
 Career/Career Conditional
 Former Employee
 Retired
 Other

Date Left Treasury Employment

Date of Retirement

Specify

8. 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

9. 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."

10. Representative's Mailing Address

Firm/Organization

Street Address

City

State

Zip Code

11. Representative's Employer (If Federal Agency)

Employer

12. Representative's Telephone/Email

Telephone

Email

13. Complainant's Signature

Date

PART III ALLEGED DISCRIMINATORY ACTIONS

14. Name and Address of Treasury Bureau that took the action at issue (if different than item 6.)

Bureau		Street Address	
City	State	Zip Code	

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

Position	Series	Grade
Vacancy Announcement Number		Date Learned of Nonselection

16. (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; (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.)

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

- | | |
|---|--|
| <input type="checkbox"/> Age (Year of Birth) _____ | <input type="checkbox"/> Sex-Pregnancy |
| <input type="checkbox"/> Race (State Race) _____ | <input type="checkbox"/> National Origin (Specify) _____ |
| <input type="checkbox"/> Color (State Color) _____ | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Religion (State Religion) _____ | <input type="checkbox"/> Protected Genetic Information |
| <input type="checkbox"/> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | <input type="checkbox"/> Retaliation/Reprisal (Date of Prior EEO Activity) _____ |
| <input type="checkbox"/> Sex-LGBT | <input type="checkbox"/> Parental Status |

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

19. 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 20, 21, and 26 even if you did not contact a counselor.**

20. When did the <u>most recent</u> discriminatory event occur?			26. When did you receive your "Notice of Right to File?"		
Month	Day	Year	Month	Day	Year
21. When did you first become aware of the alleged discrimination?			27. On this same matter, have you filed a grievance or appeal under:		
Month	Day	Year	Negotiated grievance procedure Yes <input type="checkbox"/> No <input type="checkbox"/> Agency grievance procedure Yes <input type="checkbox"/> No <input type="checkbox"/> MSPB appeal procedure Yes <input type="checkbox"/> No <input type="checkbox"/>		
22. When did you contact an EEO counselor?			If you filed a grievance or appeal, provide date filed, case number, and present status.		
Month	Day	Year			
23. Did you discuss <u>all</u> actions raised in item 16 with an EEO counselor?					
Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain below				
24. Name and telephone number of EEO counselor.					
Name					
Telephone Number					