



U.S. DEPARTMENT OF ENERGY EEO PRE-COUNSELING INTAKE

PART 1. COMPLAINANT CONTACT INFORMATION:

1. NAME: _____
2. PREFERRED MAILING ADDRESS: _____

3. HOME PHONE: _____ WORK PHONE: _____
4. PREFERRED EMAIL: _____

If you are a current DOE employee, please complete the following:

5. DOE OFFICE: _____
6. OFFICE ADDRESS: _____

7. JOB TITLE, SERIES, GRADE: _____

PART 2. DISCRIMINATION INFORMATION:

Prohibited discrimination includes actions taken based upon your race, sex, color, religion, age (40 and over), national origin, physical and/or mental disability, genetic information, status as a parent, pregnancy, sexual orientation or in reprisal for participation in previously protected EEO activity.

BASIS(ES) OF DISCRIMINATION (CHECK APPROPRIATE BOX/BOXES AND COMPLETE INFORMATION)			
<input type="checkbox"/>	RACE (SPECIFY)	<input type="checkbox"/>	RELIGION (SPECIFY)
<input type="checkbox"/>	COLOR (SPECIFY)	<input type="checkbox"/>	NATIONAL ORIGIN (SPECIFY)
<input type="checkbox"/>	SEX () FEMALE () MALE	<input type="checkbox"/>	DISABILITY () MENTAL () PHYSICAL
<input type="checkbox"/>	AGE (SPECIFY DATE OF BIRTH)	<input type="checkbox"/>	REPRISAL (List prior EEO activity, case number if known, and date of activity)
<input type="checkbox"/>	GENETIC INFORMATION	<input type="checkbox"/>	PREGNANCY
<input type="checkbox"/>	SEXUAL ORIENTATION	<input type="checkbox"/>	GENDER IDENTITY

ISSUE(S) IN THE COMPLAINT (CHECK APPROPRIATE BOX/BOXES)

APPOINTMENT/HIRE	EVALUATION/APPRaisal-PIP	REASONABLE ACCOMMODATION
ASSIGNMENT OF DUTIES	EXAMINATION/TEST	REINSTATEMENT
AWARDS	HARASSMENT/NON-SEXUAL	RETIREMENT (INCLUDING CONSTRUCTIVE DISCHARGE)
CONVERSION TO FULL-TIME	HARASSMENT/SEXUAL	TERMINATION
DISCIPLINARY ACTION- DEMOTION	MEDICAL EXAMINATION	TERMS/CONDITIONS EMPLOYMENT
DISCIPLINARY ACTION- REPRIMAND	PAY/INCLUDING OVERTIME	TIME AND ATTENDANCE
DISCIPLINARY ACTION- SUSPENSION- OVER 14 DAYS	PROMOTION/NON-SELECTION	TRAINING
DISCIPLINARY ACTION- REMOVAL	REASSIGNMENT / DENIED REASSIGNMENT	OTHER: (SPECIFY IN SPACE BELOW)
DUTY HOURS	REASSIGNMENT- DIRECTED	

PART 3. EVENT INFORMATION:

PROVIDE A BRIEF DESCRIPTION OF EACH ALLEGED DISCRIMINATORY INCIDENT, INCLUDING THE SPECIFIC DATE OF THE INCIDENT, AND (IF DIFFERENT) THE DATE YOU FIRST BECAME AWARE OF THE INCIDENT. (Attach supplemental sheets, if needed.):

FOR EACH MANAGEMENT OFFICIAL INVOLVED IN THE ALLEGED DISCRIMINATORY INCIDENT, PROVIDE, NAME, TITLE AND A SUMMARY OF HIS/HER INVOLVEMENT:

PART 4. COUNSELOR CONTACT INFORMATION:

I HAVE DISCUSSED MY COMPLAINT WITH AN EQUAL
EMPLOYMENT OPPORTUNITY COUNSELOR:

YES

NO

NAME OF COUNSELOR:

DATE CONTACT WAS FIRST MADE WITH EEO OFFICE:

PART 5. DESIRED RESOLUTION:

ARE YOU SEEKING COMPENSATORY DAMAGES?

YES

NO

Compensatory damages: Money awarded to compensate for damages, injury, or another incurred loss. To receive compensatory damages, you will be requested to prove that a loss occurred, and that it was the result of the alleged discriminatory incident. The amount of the loss must be quantifiable.

IF YES, WHAT ARE YOU SEEKING IN COMPENSATORY DAMAGES?

PART 6. UNION

Are you a member of the Collective Bargaining Unit?	YES	NO
Have you filed a grievance (Informal or Formal) in this Matter?	YES	NO

PART 7. ANONYMITY

You have the right to remain anonymous at the informal (Counseling) stage of the EEO process. However, electing to remain anonymous may limit the EEO Counselor’s ability to discuss the issue with relevant individuals, and could therefore limit the possibility of early settlement. If you have any questions regarding the right to anonymity, you should discuss them with the EEO Counselor before deciding whether to waive your anonymity.

I elect to remain anonymous YES NO

PART 8. REPRESENTATION

If you are being represented, please provide the name, title, mailing address and phone number of your representative. If you later retain representation, you have a duty to notify the EEO Office, in writing, of the name, title, address and phone number of your representative.

I waive the right to representation at this time The person listed below represents me

_____	_____
Name of Representative	Representative’s Title

Mailing address

_____	_____
Telephone No.	Email Address

PART 9. ALTERNATIVE DISPUTE RESOLUTION (MEDIATION)

You may choose to participate in the Alternative Dispute Resolution Program, and to have your EEO complaint mediated. In mediation, the parties will work with an impartial mediator, outside of the routine EEO administrative process, in an effort to resolve their differences. You should know that:

- a. Mediation is a confidential process;
- b. Mediation is voluntary, and you may elect to participate in mediation at any stage in the EEO process; and
- c. If mediation is unsuccessful, your EEO complaint will be reinstated - you do not give up your right to participate in the EEO complaint process.

If you choose to participate in mediation, and the mediation is not successful, you must notify the EEO Office, in writing, within 5 calendar days of the end of mediation. The EEO Counselor will then issue a Notice of Final Interview, and you will have 15 calendar days from the date you receive that Notice in which to file a formal complaint of discrimination.

I wish to participate in mediation Yes No

PART 10. PRIVACY ACT STATEMENT

TO PREVENT UNWARRANTED INVASION OF PRIVACY, ALL EMPLOYEES INVOLVED IN THE EEO PROCESS MUST BE AWARE OF AND EXERCISE DISCRETION WITH REGARD TO THE USE OF INFORMATION CONCERNING COMPLAINTS OF DISCRIMINATION OR INDIVIDUAL COMPLAINTS. IN THIS REGARD, THE REGULATORY PROHIBITION (10 CFR 1010.202) AGAINST USE OF CERTAIN OFFICIAL INFORMATION FOR PRIVATE PURPOSES HAS GENERAL APPLICABILITY. FURTHER, PRIVACY ACT (5 USC 522A) RESTRICTIONS AGAINST IMPROPER DISCLOSURE ARE BINDING ON AGENCY EMPLOYEES, INCLUDING COMPLAINANTS.

PART 11. AUTHORIZATION

I agree to the best of my knowledge that the information presented on this form is correct.

Complainant's Signature

Date

PART 12. INSTRUCTIONS FOR SUBMITTING THIS FORM

NOTICE REGARDING TRANSITION TO ELECTRONIC COMMUNICATIONS

Submit this form by email to civilrights@hq.doe.gov.

In accordance with the Federal Records Act (Pub. L. 114-185) and the Federal Government's plan for Federal agencies to transition business processes and recordkeeping to a fully electronic environment set forth by the Office of Management and Budget (OMB M-19-21), the Office of Civil Rights and Equal Employment Opportunity has phased out the receipt and issuance of hard copy documents as a standard process. Therefore, all communications from our office will be sent to you and your designated representative via email, if you designate a representative. Likewise, all communications to our office should be sent to our office by email. Upon request, our Office will provide assistance to individuals with disabilities whose ability to communicate electronically is limited. If you would like to have correspondence sent to a different email address or require correspondence sent to you by mail, please contact our office 202-586-2218 or at this email address civilrights@hq.doe.gov.



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Rev. 11/15/21