



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

## PART I. 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"/>	STATUS AS A PARENT



**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:**

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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?

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**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**

I elect to remain anonymous ( ) YES ( ) NO

**PART 8. Representation**

If being represented, 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. 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 10. Authorization**

I agree to the best of my knowledge that the information presented on this form is correct and that I have not filed an action with the MSPB on any of the issues presented in this complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EEO Counselor or EEO Office Staff Signature

\_\_\_\_\_  
Date

**ALTERNATIVE DISPUTE RESOLUTION (MEDIATION)**

I agree to voluntarily participate in the Alternative Dispute Resolution Program and to have my EEO complaint mediated. I understand that:

- a. Mediation is a confidential process;
- b. I have not given up my right to participate in the EEO complaint process if mediation is not successful; and
- c. I agree to notify the EEO Office, in writing within 5 calendar days of the end of mediation, if mediation was not successful in resolving the complaint. I understand that the EEO Counselor will then issue a Notice of Final Interview and that I will have 15 calendar days from the date I receive the Notice of Final Interview to file a formal complaint of discrimination.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date