



**IF YOUR COMPLAINT IS BASED ON VETERAN STATUS, CHECK ONE OR MORE OF THE FOLLOWING APPLICABLE BOX(ES):**

I was discharged or released from active duty on (enter date of discharge or release)

I am a veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 CFR 1209).

I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

I served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, and the active duty occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964, and May 7, 1975 in all other cases.

I was discharged or released from active duty for a service connected disability. If you check this box, submit medical information resulting in discharge or release with this form. (This information is available from your Master Military Record at the National Personnel Record Center, 9700 Page Boulevard, St. Louis, MO 63132.)

I am a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs. Check one of the following:

Disability rating of 30% or more

Disability rating at 10% or 20% and have been officially determined to have a serious employment disability

Disability rating, but neither a or b

**Step 3:** Check those actions which you believe the employer took or failed to take because of your race, color, religion, sex, national origin, disability or veteran status (more than one may be checked):

**Issue(s):**

|             |              |                             |                        |
|-------------|--------------|-----------------------------|------------------------|
| Hiring      | Promotion    | Job Assignment              | Sabbath Day Observance |
| Termination | Demotion     | Training and Apprenticeship | Intimidation           |
| Layoff      | Seniority    | Segregated Facilities       | Other                  |
| Recall      | Harassment   | Pregnancy Leave             |                        |
| Wages       | Job Benefits | Accommodation to Disability |                        |

**FOR EACH ISSUE, EXPLAIN IN YOUR STATEMENT BELOW HOW YOU WERE DISCRIMINATED AGAINST.**

1. Do you know any other employees or applicants of your group who were treated in the same way (checked above) you allege you were?

Yes No If yes, include their names in your statement below and explain how they were treated.

2. Do you know any other employees or applicants who are not of your group who were treated in the same way (checked above) you allege you were?

Yes No If yes, include their names in your statement below and explain how they were treated.

**THE COMPLAINT.**

Describe in detail the alleged discriminatory/retaliatory act (s).

Please include:

- Why you believe the act(s) was because of your disability, veteran status, race, color, religion, sex, or national origin, and why you believe the act(s) was retaliation;
- Dates, places, names and titles of persons involved and witnesses, if any;
- What harm, if any, was caused to you or others with whom you work as a result of the alleged discriminatory act(s);
- What explanation, if any, was offered for the act(s) by the employer; and
- Any information you may have on federal contracts held by the employer.

If this is a complaint based on disability, describe the disability, your history of disability, or why you think the employer regarded you as disabled.

(Type as much information as required into the block above)

If you have sought assistance in resolving this complaint from another source (another agency, a lawyer, internal grievance procedure, etc.) please indicate here and the name of the source, the date you sought assistance, and result, if any:

|                 |      |
|-----------------|------|
| Name<br>Result: | Date |
|-----------------|------|

**FRIEND OR RELATIVE:**

Please notify OFCCP if you change your address or phone number. You may indicate a person who would know how to reach you if OFCCP is unable to reach you at your own address or phone.

Name

Line #1 City

Line #2 State Zip

Relationship

Telephone

|  |  |
|--|--|
| <p><b>FILED ELSEWHERE?</b><br/>If you have filed this complaint or a similar one elsewhere, please tell us:</p> <p>Name</p> <p>Line #1 City</p> <p>Line #2 State Zip</p> <p>Contact</p> <p>Telephone</p> | <p><b>ARE YOU REPRESENTED?</b><br/>If you are represented by an attorney or other person or organization, please tell us:</p> <p>Name</p> <p>Line #1 City</p> <p>Line #2 State Zip</p> <p>Contact</p> <p>Telephone</p> |
|--|--|

**SIGNATURE AND VERIFICATION**

I declare under penalty of perjury that the information given above is true and correct to the best of my knowledge or belief. (A willful false statement is punishable by law: 18 U.S.C. 1001.) I hereby authorize the release of any medical information needed for the investigation.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**Public Burden Statement**

We estimate that it will take an average of 1.28 hours to complete this complaint form, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding these estimates or any other aspect of this complaint form, including suggestions for reducing this burden, send them to the Office of Federal Contract Compliance Programs Policy Division (1250-0002) 200 Constitution Avenue, N.W., Room C-3325, Washington, D.C. 20210.

**DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**

**Do not write below this line**

The complainant has verified this complaint in my presence. This complaint is now the basis of an investigation under Executive Order 11246, as amended; Section 503 of the Rehabilitation Act of 1973, as amended; and/or the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (38 U.S.C. 4212).

\_\_\_\_\_  
Name of Investigator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date