



Pre-Complaint Inquiry for Employment Discrimination Involving a Federal Contractor or Subcontractor

OMB: 1250-0002

Expires: 01/31/2026

Read the instructions below before completing this form.

Submitting this form to OFCCP is not the same as filing a complaint.

Instructions

You can submit a pre-complaint inquiry to OFCCP if you think you have been discriminated against in employment, or in applying for employment, by a company doing business with the Federal Government because of your disability or status as a protected veteran. You can also submit a pre-complaint inquiry if you believe an employer harassed, intimidated, threatened, coerced, or discriminated against you for filing a complaint, participating in a complaint investigation or compliance evaluation conducted pursuant to the Section 503 of the Rehabilitation Act of 1973 (Section 503) and Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) authorities, or for exercising other rights protected by 41 CFR 60-300.69 (<https://www.ecfr.gov/current/title-41/subtitle-B/chapter-60/part-60-300/subpart-D/section-60-300.69>) and 41 CFR 60-741.69 (<https://www.ecfr.gov/current/title-41/subtitle-B/chapter-60/part-60-741/subpart-D/section-60-741.69>).

You do not need to know with certainty that the employer is a federal contractor or subcontractor to contact OFCCP or to submit a pre-complaint inquiry. OFCCP can provide information about your workplace rights and protections to inform your decision on whether to file a complaint with OFCCP.

So that OFCCP can assist you, please complete the information below. OFCCP will review your inquiry to determine whether OFCCP is the right federal agency to handle the matter. If you have questions or need assistance, contact the OFCCP Help Desk at 1-800-397-6251.

Important Deadline

Submitting this inquiry form to OFCCP does not constitute filing a complaint. If you do not file a complaint of discrimination within the time limit noted below, you will lose your rights to proceed through OFCCP. Submitting this inquiry form does not extend the period for filing a complaint. If you have 60 days or fewer in which to file a timely complaint, visit OFCCP's website for special instructions (<http://www.dol.gov/agencies/ofccp/contact/file-complaint/special-instructions>).

Complaints based on your disability or status as a protected veteran must be filed with OFCCP within **300 days** of the alleged discriminatory action(s) taken by the employer that you think was either discrimination or intimidation and interference.

How and where do I submit a pre-complaint inquiry?

To submit a pre-complaint inquiry, complete all sections on this form. If you do not know the answer to a question, write "not known." If a question is not applicable, write "N/A."

If you are submitting online, fill out the fields and click Submit. If you are not submitting online, send the completed form to OFCCP by mail, fax, or e-mail. Send the form to the OFCCP regional office that covers the state where the events occurred. You may also complete the form in person at an OFCCP office. A list of regional offices and the states that each office covers can be found on the OFCCP website: (<http://www.dol.gov/ofccp/contacts/regkey.htm>).

How can we reach you?

Name (First, Middle, Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail: _____

Who can we contact if we cannot reach you?

THIS PRE-COMPLAINT INQUIRY IS NOT A COMPLAINT OF DISCRIMINATION

Name (First, Middle, Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail: _____

If you are represented by an attorney, another person, or an organization, provide their contact information:

Name (First, Middle, Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail: _____

Give the most recent date you believe you were discriminated against or subjected to intimidation and interference.

Date: _____

Do you think the discrimination includes or affects others?

☐ Yes ☐ No ☐ I'm not sure

What is the name of the employer that you believe discriminated against you?

Employer Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Is this the same location where the discrimination occurred? _____ Yes _____ No

If no, where did the discrimination occur? _____

On what basis do you believe the employer discriminated against you?

Check all that apply:

☐ Protected Veteran Status

☐ Disability

☐ Engaging in activity protected by 41 CFR 60-300.69 and 41 CFR 60-741.69 (see examples below)

What employment practice do you believe was discriminatory?

☐ Discharge, firing, or lay-off

☐ Harassment (including unwelcome verbal or physical conduct)

☐ Hiring or promotion

☐ Assignment

☐ Classification

☐ Failure to provide reasonable accommodation for a disability

☐ Pay (unequal wages or compensation)

☐ Benefits

☐ Job Training

☐ Referral

☐ Requesting or disclosing medical information of employees

☐ Other employment practices covered by Section 503 and VEVRAA: _____

☐ Intimidation and Interference (harassment, intimidation, threats, coercion, or discrimination) for engaging in the following (indicate specific action below):

☐ Filing a disability or protected veteran discrimination complaint

☐ Participating in an investigation or compliance evaluation conducted pursuant to the Section 503 or VEVRAA authorities

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☐ Other action covered by 41 CFR 60-300.69 and 41 CFR 60-741.69. Specify: _____

Have you filed this allegation of employment discrimination with another federal or local agency (e.g., Equal Employment Opportunity Commission or state or local Fair Employment or Human Rights Commission)?

☐ Yes ☐ No ☐ I'm not sure

If yes, which agency? _____ When did you file? _____

Agency Contact Name: _____ Phone Number: _____

E-mail: _____ Case Number (if known): _____

How did you learn that you could ask OFCCP for help?

☐ Internet ☐ Poster ☐ Community Organization ☐ OFCCP Meeting/Event ☐ Brochure ☐ Other: _____

Privacy Act Statement

The collection of information using this form is authorized by the legal authorities OFCCP enforces as well as by Title I of the Americans with Disabilities Act of 1990 (ADA), as amended, which the U.S. Equal Employment Opportunity Commission (EEOC) enforces. OFCCP uses this information to assist you in determining whether OFCCP is the appropriate agency to investigate your complaint. **Providing this information to OFCCP is not the same as filing a complaint. If you do not file a complaint of discrimination within the time limit described above, you will lose your rights to proceed through OFCCP.** The information collected may be disclosed to other agencies that may have jurisdiction over your allegations such as the EEOC.

Providing this information is voluntary; however, failure to provide the information may delay or prevent OFCCP from helping you file your complaint.

Public Burden Statement

The estimated time to complete this form is 15 minutes, including time for reviewing instructions, filling out the form and sending it to OFCCP. Please note that you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number.

If you have comments regarding the estimated burden or any other aspect of this pre-complaint inquiry form, including suggestions for reducing the burden, send them to the OFCCP Policy Division (1250-0002), 200 Constitution Avenue, N.W., Room C3325, Washington, D.C. 20210. **Please do not send the completed pre-complaint inquiry form to this address.**