



USAID
FROM THE AMERICAN PEOPLE

EEO COUNSELOR'S REPORT

1. USAID CASE NUMBER

This form is to be used by USAID's certified EEO counselors to report on counseling activities in accordance with 29 C.F.R. § 1614.105(c). Questions concerning completion of this form should be directed to EEO Specialist. PRIVACY ACT STATEMENT (5 U.S.C. § 552(a)) AUTHORITY Public Law 92-261

The principal purpose of this form is that is used for processing complaints of discrimination because of race, color, national origin, sex, age, physical and/or mental disability, reprisal, sexual orientation or genetic information by USAID employees, former employees, applicants for employment, and some contract employees. The information will be used (a) as a data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts; (b) to respond to general requests for information under the Freedom of Information Act; (c) to respond to requests from legitimate outside individuals or agencies (White House, Congress, Equal Employment Opportunity Commission) regarding the status of a complaint or appeal; or (d) to adjudicate a complaint or appeal. The disclosure on this form is voluntary; however failure to complete all appropriate portions of this form may lead to a delay in processing and/or rejection of the complaint on the basis of inadequate data to continue processing.

AGGRIEVED PERSON'S INFORMATION

2. NAME OF AGGRIEVED (Print – Last, First, Middle Initial)	3. JOB TITLE	4. PAY PLAN/SERIES/GRADE

5. PLACE OF EMPLOYMENT AND ADDRESS	6. HOME ADDRESS

7. WORK EMAIL:	8. HOME EMAIL:
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9. WORK TELEPHONE :	10. HOME TELEPHONE:
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11. DATE OF ALLEGED DISCRIMINATORY ACTION (MM/DD/YYYY)	12. 45 TH CALENDAR DAY AFTER EVENT (MM/DD/YYYY)	13. REASON FOR DELAYED CONTACT BEYOND 45 DAYS, IF APPLICABLE

14. DATE INDICATED THEY WANTED TO ENTER COUNSELING (MM/DD/YYYY)	15. 30 TH CALENDAR DAY OF COUNSELING (MM/DD/YYYY)	16. COUNSELING EXTENSION REQUESTED DATE (MM/DD/YYYY)	17. COUNSELING EXTENSION GRANTED
			<input type="checkbox"/> NO <input type="checkbox"/> YES

18. WHERE DID THE ALLEGED DISCRIMINATION TAKE PLACE i.e., Mission, Office, Bureau, Residence, etc.:

19. AGGRIEVED'S EMPLOYMENT TYPE:

EMPLOYEE - Type: CS FS PMF Other (Specify):

APPLICANT

FOREIGN SERVICE NATIONAL Type: (non-U.S. Citizen) (U.S. Citizen) CONTRACTOR (U.S. citizen PSC)

OTHER GOVERNMENT AGENCY EMPLOYEE (Specify):

OTHER (Specify e.g. Contractor w/company, Guard, etc.):

20. HAS THE AGGRIEVED ADDRESSED THE ISSUES RAISED IN A PRIOR EEO COMPLAINT OR GRIEVANCE PROCESS? N Y IF SO, WHEN AND WHAT WAS THE OUTCOME

21. BASIS OF COMPLAINT (Identify specific race, color, religion, national origin, disability, age, sex (pregnancy, gender identity, sexual orientation, transgender status), genetic information or reprisal, if alleged)

<input type="checkbox"/> RACE:	<input type="checkbox"/> COLOR:	<input type="checkbox"/> SEX (please specify): <input type="checkbox"/> Gender identity: male: <input type="checkbox"/> female: <input type="checkbox"/> <input type="checkbox"/> Sexual Orientation (LGBTQI+) <input type="checkbox"/> Transgender Status <input type="checkbox"/> Pregnancy
<input type="checkbox"/> AGE: (Actual Age/DOB: mm/dd/yyyy)	<input type="checkbox"/> RELIGION:	

<input type="checkbox"/> GENETIC INFORMATION	<input type="checkbox"/> NATIONAL ORIGIN:
<input type="checkbox"/> REPRISAL: (previous EEO activity or opposing a discriminatory policy or practice) (Specify in detail, the specific EEO related activity):	<input type="checkbox"/> Disability (Specify disability): <input type="checkbox"/> MENTAL: <input type="checkbox"/> PHYSICAL:

<input type="checkbox"/> NO BASIS IDENTIFIED	
<input type="checkbox"/> NON-EEO BASIS IDENTIFIED (Marital Status, Parental Status, etc.):	

22. ISSUE BROUGHT TO THE COUNSELORS ATTENTION (Check the box or boxes that best describe the issue brought to your attention for counseling)

<input type="checkbox"/> ASSIGNMENT OF DUTIES	<input type="checkbox"/> AWARDS	<input type="checkbox"/> PAY	<input type="checkbox"/> REPRIMAND	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> CONVERSION TO OTHER TYPE OF EMPLOYEE	<input type="checkbox"/> DUTY HOURS	<input type="checkbox"/> REINSTATEMENT	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> EVALUATION/APPRaisal
<input type="checkbox"/> FAILURE TO BE HIRED	<input type="checkbox"/> EXAMINATION/TEST	<input type="checkbox"/> PROMOTION		<input type="checkbox"/> REASONABLE ACCOMMODATION
<input type="checkbox"/> HARASSMENT: <input type="checkbox"/> SEXUAL <input type="checkbox"/> NONSEXUAL	<input type="checkbox"/> SUSPENSION <input type="checkbox"/> TERMINATION	<input type="checkbox"/> TIME/LEAVE		<input type="checkbox"/> TRAINING
<input type="checkbox"/> TERM/CONDITION OF EMPLOYMENT (i.e.; Workspace, Hours, Location, Duty Requirements)	<input type="checkbox"/> NON-SELECTION		<input type="checkbox"/> APPOINTMENT	

OTHER (Specify):

23a. PRECISE DESCRIPTION OF THE ISSUE(S) COUNSELED (Frame the claim and specify who, what, when, where, and why. EXAMPLE: Jane believes that she was discriminated against because of her race (Asian) when she was not promoted on 01/01/2012).

23b. BACKGROUND INFORMATION (Briefly provide additional information relative to the allegation(s)).

24. REMEDY SOUGHT (What relief is the Aggrieved requesting to resolve the issue).

25. LIMITED INQUIRY INFORMATION (List all those individuals you spoke with here. Include name, title, organization, phone number, and email address. Include the information that they gave you concerning the alleged discriminatory act, such as management's legitimate non-discriminatory reason for taking the action).

(List the individuals you spoke with their title, organization, contact information and any information that they gave you concerning the allegations)

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26. RIGHTS AND RESPONSIBILITIES

THE AGGRIEVED WAS PROVIDED WITH THE NOTICE OF RIGHTS AND RESPONSIBILITIES AND WAS SPECIFICALLY ADVISED OF THE FOLLOWING (specify mm/dd/yyyy/)

- The pre-complaint, formal and/or class complaint process.
- The 45-day calendar requirement from effective date of personnel action or of the date of the matter alleged to be discriminatory.
- The role of EEO Counselor, including that the counselor is not an advocate for the aggrieved person or the agency and acts as a neutral party.
- The right to remain anonymous. Aggrieved elected not to remain anonymous. Aggrieved elected to remain anonymous.
- The right to representation throughout the complaint process.
- The right to elect ADR. Aggrieved elected ADR. Aggrieved elected to continue in traditional counseling.
- Responsibility of the aggrieved to notify the EEO office in writing of any change in address and/or phone number.
- Responsibility of the aggrieved to notify the EEO office in writing of representation by attorney or another person, including address and phone number.
- The possible election requirement between a negotiated grievance procedure, MSPB procedure and the EEO complaint process.
- The election options in age and wage-based discrimination complaints.

27. ELECTION OF REPRESENTATION

<input type="checkbox"/> ATTORNEY		<input type="checkbox"/> NON-ATTORNEY (such as Union, Friend, etc.)	
NAME/ADDRESS		NAME/ADDRESS	
TELEPHONE NUMBER	FAX	E-MAIL	

28. ATTACHMENTS (List any documents given to you by the aggrieved or management. Please note who shared the document with you.)

29. OTHER INFORMATION: (Specify any other information regarding this complaint i.e. if there was a delay in reaching the aggrieved, any nonresponses, or any other pertinent information concerning counseling that you couldn't include elsewhere.)

30. OUTCOME OF PRE-COMPLAINT INQUIRY

Resolution was not accomplished. I conducted the final interview with aggrieved on _____ (mm/dd/yyyy) at which time I informed the aggrieved of the full scope of my inquiry and the reason(s) articulated by management for actions(s) taken. I provided the aggrieved with the Notice of Right to File a Formal Complaint of Discrimination and the formal complaint of discrimination form. The aggrieved is aware of the requirement to file a formal complaint within 15 calendar days of receipt of the Notice of Right to File.

NOTE: Do not issue the Notice of Right to File a Formal Complainant Form, and the Formal Complainant Form to non-U.S. Citizen employees or applicants.

<input type="checkbox"/> Resolution was accomplished. Negotiated settlement agreement signed on _____ (mm/dd/yyyy)
<input type="checkbox"/> Aggrieved withdrew from the EEO process on _____ (mm/dd/yyyy)
<input type="checkbox"/> Aggrieved elected ADR on _____ (mm/dd/yyyy). Information submitted to OCRD on _____ (mm/dd/yyyy).
PRINTED NAME OF EEO COUNSELOR
SIGNATURE OF EEO COUNSELOR
DATE

EEO Counselor's Report INSTRUCTIONS

This form should be filled out for every EEO counseling case. **This report is due within five (5) days of issuing the Notice of Right to File.** You should send this report and all attachments to the Informal Complaints Manager who manages the informal process. Once it has been approved, you will be instructed to destroy your notes and any other records from the counseling. If you have any questions about filling out this form, you should contact the Informal Complaints Manager.

1. OCRD will fill in this number.
2. Please fill in the full name of the aggrieved party.
3. Place their job title or the title of the job they were applying to if they are an applicant.
4. Fill in their pay plan (FS, CS, FSN, PSC, etc...); series; and grade.
5. Place of employment and please be sure to include their work email address.
6. Please fill in their complete home address and personal email address. It is vital that we have this information, as OCRD sends all communication through the mail and we need to make sure that we have their home address and personal email address in case we have any difficulty reaching them at their work email, or they have since left the Agency.
7. Self-explanatory
8. Self-explanatory
9. Self-explanatory
10. Self-explanatory
11. It is crucial that OCRD has the date of the alleged discriminatory act that led them to seek counseling.
12. You need to calculate the 45th calendar day after the alleged discriminatory act. Online assistance is available from www.timeanddate.com and other online date calculators.
13. If the person did not seek counseling within the required 45 calendar days you need to find out why.
14. This should be the date that the person indicated that they wanted to enter EEO counseling or be assigned an EEO counselor. Also known as the initial contact date. This may not be the date that the person had their first contact with you as their counselor.
15. The 30th calendar day after the beginning of EEO counseling. This will be the last day that you have to issue the notice of right to file if there has not been a written extension.
16. If they requested and filled out the extension request, place the date here.
17. Was the extension granted by OCRD? Fill in the corresponding box.
18. List the office/bureau/mission where the alleged discrimination occurred.
19. Check their how the aggrieved person is employed. If they work for another government agency, specify which one. If they are a former employee, check other and specify that they are a former employee.

20. As the EEO Counselor you want to find out if they have ever gone through the EEO process before. If they have you want to check with OCRD about whether or not they can amend their current complaint.
21. You need to check the box next to the basis that the individual identified as the reason they believe they were discriminated against. You need to specify what each basis is as well. Therefore if you check the race box, you need to fill in what they have described as their race. You need to ask the aggrieved. Do not make an assumption based upon looks or anything else that you know. Find out from the aggrieved what basis they believe to have been discriminated against. If they did not identify an EEO basis, but it is something else covered by other statutes, such as marital status, status as a parent, veteran's preference, etc. fill in the non-EEO basis identified.
22. Please check the box of the issues that the individual brought to your attention for counseling.
23. **a:** Precise description of the issue(s) counseled. This box will expand if needed. Here is where you need to frame the claim. You need to specify the issue on which the individual was counseled. Who took the action? When the action occurred? Where did the discriminatory act occur? Why do they believe it to be discrimination based on the aforementioned basis? For example: Jane believes that she was discriminated against because of her race (Asian) when she was not promoted on Jan. 1, 2012; **b:** Provide specific background information relative to the Aggrieved's allegations.
24. Specify the remedy that the individual is seeking to resolve this case.
25. Provide information from the individuals that you spoke to here and their contact information. You need to capture the information they gave you in relation to why they took the action. Each box should be the information that each person gave you. These boxes will expand.
26. Rights and Responsibilities all these boxes should be checked if you went over the notice of rights and responsibilities with the individual. You should specify if the aggrieved elected to remain anonymous or not and if they elected ADR or not.
27. Election of Representation. If this is marked we also need the designation of representation form. If the individual does not have a representative then you don't need to mark any boxes.
28. List any attachments that you were given by the aggrieved party or management. If you viewed a document and returned it back to the aggrieved, indicate that it will not be attached, but that you did view it. Please list who has shared the document with you, so the investigator or OCRD can follow up if needed.
29. List here anything else that we should know that doesn't fit into the other boxes; such as the individual was difficult to reach or they have filed a complaint with the MSPB. Anything that we need to know in relation to this complaint and your counseling of it.
30. What was the outcome of the EEO counseling process? Check the appropriate box and insert the dates that are asked for.
31. Sign and date the report and submit to the EEO Specialist in OCRD within five days of issuing the notice of right to file.