



**FEDERAL ELECTION COMMISSION**  
Washington, DC 20463

**INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION**

Based on  
Race, Color, Religion, Sex, National Origin, Age, Physical or Mental Disability,  
or Retaliation

Please Type or Print (Additional Sheets may be attached)

**For Office Use Only**

**PLEASE NOTE:** Informal Pre-Complaint EEO Counseling is a requirement and **No Formal Complaint** can be accepted for investigation without it.

1. \_\_\_\_\_  
Complainant's Name

\_\_\_\_\_  
Home Address Street, RD, P.O. Box

\_\_\_\_\_  
City State Zip Code

Home Phone: Area Code ( ) Work Phone: Area Code ( )

Home E-mail: \_\_\_\_\_ FTS: \_\_\_\_\_  
TTD: \_\_\_\_\_

Indicate area code and number where you can be reached during normal business hours if different from those above:

( ) \_\_\_\_\_

2. **Please Note:** A Designation of Representative Form must be submitted if you have someone representing you. If you have previously submitted a Designation of Representative Form, or a suitable alternative, fill in the name and address of your representative below.

\_\_\_\_\_  
Complainant's Representative

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City State Zip Code

Business Phone: Area Code (\_\_\_\_)\_\_\_\_\_

E-mail address: \_\_\_\_\_

If your representative is employed by the Commission, provide their organization unit and a phone number where they can be reached during normal business hours. (\_\_\_\_)\_\_\_\_\_

3. Are you a current Federal Government employee?

Yes  No  If yes, provide agency name, position title, job series, grade and organization unit.

\_\_\_\_\_

4. Identify the FEC organization, office or unit you believe discriminated/retaliated against you?

\_\_\_\_\_

5. What was the date of the last alleged discriminatory/retaliatory event or incident covered in counseling?

\_\_\_\_\_

6. If you became aware of the alleged discriminatory/retaliatory event or incident covered in counseling on a date substantially different from that shown in 5, identify the date and explain how you became aware of this information.

\_\_\_\_\_

7. Provide the date in which you first contacted the EEO Office or an EEO Counselor regarding this matter and provide the individual's name and telephone number.

\_\_\_\_\_

8. On this same matter, have you filed a grievance under a negotiated procedure?

Yes  No

Under the Agency administrative grievance system? Yes  No

Merit System Protection Board? Yes  No

If yes, state where and when filed or appealed, provide case number(s) and status of your grievance appeal.

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9. Check only the basis / bases on which you believe you were discriminated against. Put information in the space provided only for the category or categories in which you are alleging discrimination. If alleging age discrimination, provide date of birth. (To file an age based complaint of discrimination, you must have been at least 40 years old when the matter occurred.) If alleging disability discrimination, you must identify your specific impairment raised in this complaint.

- Age    Date of Birth \_\_\_\_\_     Color     Sex    Male   
Female
- National Origin     Race     Religion
- Disability:     Reprisal/ Retaliation for prior EEO activity
  - Mental
  - Physical

10. State your complaint: Identify the specific acts, incidents or events giving rise to your belief of discrimination or retaliation against you. Identify the dates on which each act, event, or incident occurred. The name of the individual you are alleging participated in the act, incident or event. (Use Extra Sheets if Necessary)

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