

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
EQUAL EMPLOYMENT OPPORTUNITY COUNSELOR'S REPORT**

A. AGENCY Indian Health Service,

CASE #

B. AGGRIEVED PERSON

Name: _____ SSN: _____
Job Title/Series/Grade: _____
Place of Employment: _____
Work Phone #: _____ Home Phone #: _____
Home Address: _____

Representative: _____
Representative's Mailing Address: _____

Representative's Phone #: _____ Check if Employee: _____

C. CHRONOLOGY OF COUNSELING ACTIVITIES (DATES)

Alleged Incident(s): _____
Initial Contact: _____
Initial Interview: _____
Aggrieved Person wishes to remain anonymous: Yes _____ No _____
Aggrieved Person Advised of Opportunity to Participate in Established Dispute
Resolution Procedure: _____
COMPLAINANT'S SIGNATURE
Final Interview Notice: _____ Final Interview: _____
Counseling Report Completed: _____
Counseling Report Submitted to EEO Office: _____
Counseling Report Sent/Delivered to Aggrieved Person: _____
Notice of Right To File a Discrimination Complaint: _____

Has the Aggrieved Person filed a grievance or appealed to the Merit Systems Protection Board on the same matter? If so, what date was the grievance or appeal filed, and what is the status of the grievance or appeal?

D. BASIS FOR ALLEGED DISCRIMINATION

Race/Color

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 – Black | <input type="checkbox"/> 4 - Asian | <input type="checkbox"/> 7 - White |
| <input type="checkbox"/> 2 – Hispanic | <input type="checkbox"/> 5 - Aleut (Alaska Only) | <input type="checkbox"/> 8 - Puerto Rican |
| <input type="checkbox"/> 3 - American Indian | <input type="checkbox"/> 6 - Eskimo (Alaska Only) | <input type="checkbox"/> 9 - Other, specify: |

Religion

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> A – Jewish | <input type="checkbox"/> C - Protestant |
| <input type="checkbox"/> B – Catholic | <input type="checkbox"/> D - Other: _____ |

Disability

- | | | |
|---------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> P – Physical | <input type="checkbox"/> M - Mental | <input type="checkbox"/> B - Both |
|---------------------------------------|-------------------------------------|-----------------------------------|

National Origin

Specify National Origin: _____

Age

Specify Age and Date of Birth: _____

- Sex F – Female M - Male

Sexual Orientation

Reprisal

E. ISSUES ALLEGED

- | | |
|--|--|
| <input type="checkbox"/> 1 - Appt/Hire | <input type="checkbox"/> 14 - Harassment (Sexual) |
| <input type="checkbox"/> 2 - Assign/Duties | <input type="checkbox"/> 15 - Pay Including O/T |
| <input type="checkbox"/> 3 – Awards | <input type="checkbox"/> 16 - Promotion/Nonselection |
| <input type="checkbox"/> 4 – Conversion FT | <input type="checkbox"/> 17 - Reassignment Request Denied |
| <input type="checkbox"/> 5 – Demotion | <input type="checkbox"/> 18 - Reassignment Directed |
| <input type="checkbox"/> 6 – Reprimand | <input type="checkbox"/> 19 - Reinstatement |
| <input type="checkbox"/> 7 – Suspension | <input type="checkbox"/> 20 - Retirement |
| <input type="checkbox"/> 8 – Termination | <input type="checkbox"/> 21 - Time & Attendance |
| <input type="checkbox"/> 9 – Disciplinary Action (Other) | <input type="checkbox"/> 22 - Training |
| <input type="checkbox"/> 10 - Duty Hours | <input type="checkbox"/> 23 - Terms/Conditions of Employment |
| <input type="checkbox"/> 11 – Examination/Test | <input type="checkbox"/> 24 - Reasonable Accommodation |
| <input type="checkbox"/> 12 – Evaluation/Appraisal | <input type="checkbox"/> 25 – Other |
| <input type="checkbox"/> 13 – Harassment (Nonsexual) | |

F. NARRATIVE EXPLANATION OF CLAIM(S) OF DISCRIMINATION

G. SUMMARY OF COUNSELOR'S INQUIRY

1. Personal Contacts:

Name and Title

Phone Number

2. Documents Reviewed:

H. INFORMATION OBTAINED DURING INQUIRY/DOCUMENTS REVIEWED

I. SUMMARY OF INFORMAL RESOLUTION ATTEMPT

J. SUMMARY OF COUNSELOR'S ADVICE TO INVOLVED AGENCY OFFICIAL(S)

K. COUNSELOR'S CERTIFICATION

Signature of EEO Counselor

Counselor's Telephone Number

Name of EEO Counselor

Counselor's Office Address

Date Counselor's Report Completed

City, State, Zip Code

Total number of hours spent counseling this case _____ (Include all contacts, preparation and travel time).

L. AGGRIEVED PERSON'S CERTIFICATION

This acknowledges my receipt of two copies of this EEO Counselor's Report. The Counselor has provided me with a written statement of my rights and responsibilities regarding the EEO complaint process, and has furnished me with a written Notice of Right to File a Discrimination Complaint on _____.

Signature of Aggrieved Person

Date

- ATTACHMENTS:**
- 1) Notice of Right to File a Discrimination Complaint
 - 2) Rights & responsibilities Memo
 - 3) **Election Form**

NOTICE TO COUNSELOR-IF YOU ARE SENDING THE FINAL REPORT TO THE COMPLAINANT AND/OR THEIR ATTORNEY/REPRESENTATIVE, YOU MUST SEND IT BY CERTIFIED MAIL. PLEASE ENSURE THE RETURN MAIL RECEIPT IS ADDRESSED TO OKLAHOMA CITY AREA, AND NOT FOR THE LOCAL SERVICE UNIT. YOU MUST SIGN AND DATE, EITHER THE 652 OR RIGHT TO FILE FORMAL COMPLAINT LETTER, AND INCLUDE THE CERTIFIED MAIL NUMBERS. REMEMBER WHEN COMPLAINANT HAS REPRESENTATIVE, A COPY MUST BE SUBMITTED TO EACH BY CERTIFIED MAIL.