



EEO COUNSELING – INTAKE INFORMATION

On _____, you requested an appointment with an EEO Counselor.
Month, Day, Year

Informal Intake #: _____ / _____ / _____
Facility Abbreviation / FY / Sequential ####

A. Counselee's Information

Name (Last, First, Middle Initial) _____ Home Telephone No. () _____ Fax No. () _____

Your Mailing Address (You must notify the Department of any changes of address while your complaint is pending, or your complaint may be dismissed)

Position Title _____ Series _____ Grade _____ Duty Hours _____ Time in Current Position _____ Years _____ Months

Employment Status in Relation to this Complaint (Check One)
 Applicant Probationary Career/Career conditional Retired _____ Date of Retirement _____
 Former Employee _____ Date left United States Mint _____ Other _____ Specify _____

Name and Address of Facility Where You Work

Are you a Strategic Business Unit Employee? Yes No If the answer is yes, please check the following box to indicate the unit:
 Chief Information's Office Chief Financial Office Directors Staff
 Manufacturing Protection Sales and Marketing

Your Work Telephone No. () _____ Your Email Address _____

Your Supervisor's Name _____ Supervisor's Telephone No. () _____

Supervisor's Position Title _____ Series _____ Grade _____ Duty Hours _____ Supervisor's Email Address _____

B. Discrimination Basis

Prohibited discrimination includes **actions taken based** on your **Race, Color, Religion, Sex, National Origin, Age (40+), Physical and/or Mental Disability, or in Retaliation** (for prior EEO activity). These categories are referred to on this form as **basis**.

Check and Particularize Each that Applies:

- | | |
|--|--|
| <input type="checkbox"/> 1. Race (Specify): | <input type="checkbox"/> 9. Age (Specify Date of Birth): |
| <input type="checkbox"/> 2. Color (Specify): | <input type="checkbox"/> 10. Physical Disability (Specify): |
| <input type="checkbox"/> 3. Religion (Specify): | <input type="checkbox"/> 11. Mental Disability (Specify): |
| <input type="checkbox"/> 4. Sex (Specify): | <input type="checkbox"/> 12. Reprisal (Dates of prior EEO Activity): |
| <input type="checkbox"/> 5. Genetic Information | |
| <input type="checkbox"/> 6. Sexual Orientation | |
| <input type="checkbox"/> 7. Parental Status | |
| <input type="checkbox"/> 8. National Origin (Specify): | |

C. Matter Causing Complaint or Issue

- | | | |
|---|---|--|
| <input type="checkbox"/> Appointment | <input type="checkbox"/> Pay | <input type="checkbox"/> Time & Attendance |
| <input type="checkbox"/> Assignment of Duties | <input type="checkbox"/> Promotion (Provide the following information): Position Title: | |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Reassignment | Series & Grade: |
| <input type="checkbox"/> Change to Lower Grade | <input type="checkbox"/> Reinstatement | Announcement Number |
| <input type="checkbox"/> Classification | <input type="checkbox"/> Removal /Separation | Date you learned of non-selection: |
| <input type="checkbox"/> Converted to F/T CC | <input type="checkbox"/> Reprimand | |
| <input type="checkbox"/> Duty Hours | <input type="checkbox"/> Resignation | <input type="checkbox"/> Training |
| <input type="checkbox"/> Evaluation-Appraisal Merit Pay | <input type="checkbox"/> Retirement | <input type="checkbox"/> Within Grade Increase |
| <input type="checkbox"/> Evaluation-Appraisal Non-Merit Pay | <input type="checkbox"/> Sex Based Harassment | <input type="checkbox"/> Working Conditions |

2a. Agency Officials Name	2b. Title, Series and Grade
3a. Agency Officials Name	3b. Title, Series and Grade

H. Grievance/MSPB Appeal

On the incident that prompted you to seek EEO counseling, have you:

- Filed a grievance under the negotiated grievance procedure? Yes No If yes, _____ (Date) _____ (Current Status)
- Are you a bargaining unit employee? Yes No
- Filed a grievance under the Agency grievance system? Yes No If yes, _____ (Date) _____ (Current Status)
- Filed an appeal with the Merit Systems Protection Board? Yes No If yes, _____ (Date) _____ (Current Status)

I. Anonymity

You have the right to remain anonymous during the counseling process.

Do you desire anonymity? Yes No

Signature/Date

J. Representation

You have the right to retain representation of your choice. (Check One)

- I waive the right to representation at this time. OR I authorize the person listed below to represent me.

Name of Representative	Representative's Title	
Organization	Telephone No.	Email Address

Attorney: Yes No

Mailing Address (Street or P.O. Box, City, State and Zip +4)

K. Documentation

Please attach any documentation you wish to submit to support your allegation(s). Include a copy of any written action(s) that caused you to seek counseling at this time.

Note: If you are alleging mental and/or physical disability, it is important for you to submit medical documentation of your disability during the counseling process.

L. Privacy Act Notice

Privacy Act Notice. The collection of this information is authorized by The Equal Employment Opportunity Act of 1972; 42 U.S.C.2000e-16; PL 95-602 as amended; 5USC 1303 and 1304; 5 CFR 5.2 and 5.3; 29 CFR 1614.105; the Age Discrimination in Employment Act of 1967, as amended 29 U.S.C. 633a; the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794a; and Executive Order 11478, as amended. The information supplied will be used to resolve the EEO counseling matter(s) you have raised during counseling. This information may be discussed with designated officers and employees of the Department in order to resolve the matters you have raised. If you file a formal EEO complaint, the complaint form, the counseling report form and all enclosures will be made part of your EEO complaint file and will be available to any person having a need to know its contents.

Formal complaints are neither anonymous nor confidential. Whether or not you file a formal EEO complaint, this form and enclosures, if any, may be used in a depersonalized manner as a data base for program analysis, review, evaluation, and statistics. If you have not chosen anonymity and there is a need to disclose information from your EEO counseling reports for reasons other than those which have been cited or for reasons cited in the Privacy Act (5USC 522 a (b)), your prior consent will be solicited. Disclosure of the information sought during counseling is voluntary. However, because issues raised in a formal complaint must first have been raised at the counseling stage, the failure to disclose relevant information may result in dismissal of the formal complaint in whole or in part.

Please Print Your Name Here

Your Signature	Date Signed
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