

Department of Veterans Affairs **COMPLAINT OF EMPLOYMENT DISCRIMINATION**

Read the instructions on the reverse side of this form carefully before completing the front of this form.

1. NAME (Last, first, middle initial)(Please print)		2. MAILING ADDRESS		3a. WORK TELEPHONE NUMBER <i>(Include Area Code)</i>	
4. ARE YOU: <input type="checkbox"/> A VA EMPLOYEE <input type="checkbox"/> AN APPLICANT FOR EMPLOYMENT <input type="checkbox"/> A FORMER VA EMPLOYEE		5a. JOB TITLE, SERIES AND GRADE		3b. HOME TELEPHONE NUMBER <i>(Include Area Code)</i>	
		5b. SERVICE/SECTION/PRODUCT LINE		6. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED	

NOTE: For each employment related matter that you believe was discriminatory you must list the bases (list one or more of the following: Race (Specify), Color (Specify), Religion (Specify), Sex (Male or Female), National Origin (Specify), Age (Provide date of birth), Disability (Specify), Genetic Information, and Reprisal for prior EEO activity or having opposed discrimination).

7. BASIS	8. CLAIM(S) <i>(What employment related claim(s) - personnel action(s), incident(s), or event(s) caused you to file this complaint? Briefly describe what happened below. Use an additional sheet of paper if necessary. You should not include information that violates the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA). Some examples are patient medical records, personal records of other VA-employees, etc.)</i>	9. DATE OF OCCURRENCE <i>(Include the most recent date(s))</i>
10. REMEDIES SOUGHT <i>(Use an additional sheet of paper if necessary.)</i>		

11a. DO YOU HAVE A REPRESENTATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	11b. IF "YES," IS HE OR SHE AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	11c. PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR REPRESENTATIVE
12a. HAVE YOU CONTACTED AN EEO COUNSELOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	12b. NAME OF EEO COUNSELOR	12c. DATE OF INITIAL CONTRACT WITH ORM

13. *If you contacted an EEO Counselor more than 45 calendar days after the Date(s) of Occurrence, listed in item 9, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Discrimination Complaint, you must explain why you were untimely in seeking EEO counseling or untimely in filing a complaint. (Use an additional sheet of paper, if necessary.)*

14a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	14b. IF "YES," LIST THE CLAIM(S) AND DATE GRIEVANCE FILED	15a. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	15b. IF "YES," LIST THE ISSUES AND DATE MSPB APPEAL FILED.
16a. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	16b. IF "YES," PROVIDE THE NAME AND ADDRESS		

17. SIGNATURE OF COMPLAINANT <i>(Do not print)</i>	18. DATE
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COMPLAINT OF EMPLOYMENT DISCRIMINATION INSTRUCTIONS

Read the following instructions carefully before you complete this form. Please complete all items on the complaint form.

GENERAL: Pursuant to the Equal Employment Opportunity Commission (EEOC) Title 29 Code of Federal Regulations (CFR) §1614, VA Form 4939, Complaint of Employment Discrimination, can be used by VA employees, former employees and applicants for employment who file a formal Equal Employment Opportunity (EEO) complaint of discrimination. This regulation prohibits discrimination based on race, color, religion, gender (sex), national origin, age (40 years and over), physical or mental disability, genetic information, and/or reprisal for prior EEO activity.

You can obtain assistance from your EEO Counselor in filing out this form. Your EEO Counselor can also answer any questions you may have about this form. In item 7, you should specify the basis of your complaint: race, color, religion, gender (sex), national origin, age (*date of birth*), physical or mental disability (*specific information about your disability*), genetic information, and/or reprisal for prior EEO activity. If you list "Reprisal," please state the nature of the prior EEO activity in which you were engaged, i.e. did you file a prior EEO complaint? Use an additional sheet of paper, if necessary.

It is very important that you be precise as to the dates of all actions or events you are protesting. In addition, the claims listed in item 8, must be limited to those claims discussed with an EEO Counselor (*discussed within 45 calendar days of occurrence of the event, or within 45 calendar days of the effective date, if a personnel action*) or like or related claims. If any of the claims listed in Item 8 were discussed with an EEO Counselor, but not within 45 calendar days of their occurrence or of their effective date, you must explain why you waited more than 45 calendar days. If any of the claims listed in item 8 were not discussed with an EEO Counselor, please contact the Office of Resolution Management (ORM), Regional EEO Officer IMMEDIATELY. The requirement that you contact an EEO Counselor about every claim listed in item 8 will not be waived under any circumstances. Failure to do so will only delay the processing of your complaint.

It is your responsibility to keep the (ORM) informed of your current address. If you move, immediately advise the ORM Field Office where you filed this complaint of your new address. In addition, you may receive certified and express mail in connection with your complaint. It is your responsibility to claim all certified and express mail. Failure to notify ORM of a change in address or to claim certified and express mail may lead to dismissal of your complaint.

REPRESENTATION: You may have a representative of your own choosing at all stages of the processing of your complaint. No EEO Counselor, EEO Investigator or EEO Officer may serve as a representative. (Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)

WHEN TO FILE: Your formal complaint must be filed within 15 calendar days of the date you received the "Notice of Right to File a Discrimination Complaint" (NRTF) from your EEO Counselor. If you do not meet this time limit, you must explain why you waited more than 15 calendar days to file. These time limits may be extended under certain circumstances; however, they will NOT be waived and your complaint will NOT be investigated unless you explain your unfitness and the explanation is acceptable in accordance with EEOC, CFR §1614(c). Use an additional sheet of paper, if necessary. If you have evidence, which supports your explanation, please attach it to this complaint.

WHERE TO FILE: The complaint should be filed with the ORM Field Office identified in the NRTF, the Deputy Assistant Secretary for ORM, or the Secretary for the VA. You may submit a copy either by mail, in person, electronically (via e-mail), or by facsimile. Filing instructions are contained in the cover letter attached to the NRTF.

PRIVACY ACT STATEMENT: Maintenance and disclosure of VA Form 4939 is made in accordance with the Privacy Act of 1974. Collection of the information on this form is authorized and/or required by the regulations of the EEOC, CFR §1614. All records, from which information is retrieved, by the name or personal identifier of a respondent, are maintained by a Government-wide Systems of Records: EEOC/GOVT-1, Equal Employment Opportunity Complaint Records and Appeal Records. The information collected will be used by ORM to determine whether your complaint is acceptable for investigation and in connection with any subsequent investigation and processing of your complaint. In the course of any investigation, this form may be shown to any individual who may be required by regulations, policies or procedures of the EEOC and/or ORM to provide information in connection with this complaint, including individuals you may have identified as responsible for the acts or events at issue in this complaint. Other disclosures may be: (a) to respond to a request form from a Member of Congress regarding the status of the complaint or appeal; (b) to respond to a court subpoena and/or to refer to a district court in connection with a civil suit; (c) to disclose information to authorized officials or personnel to adjudicate a complaint or appeal; or (d) to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.

RESPONDENT BURDEN STATEMENT: In accordance with the Paperwork Reduction Act of 1995, The Department of Veterans Affairs (VA) may not conduct or sponsor, and the respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 2900-0716. The collection of this information is voluntary. However, the information is necessary to determine if your complaint of employment discrimination is acceptable for further processing in accordance with EEOC, CFR §1614. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the form. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden, to VA Clearance Officer (00SRIB), 810 Vermont Avenue, Washington, DC 20420. SEND COMMENTS ONLY. DO NOT SEND THIS FORM, A COMPLAINT OF EMPLOYMENT DISCRIMINATION, OR REQUEST FOR BENEFITS TO THIS ADDRESS