

All IRS Forms Fillable and Savable: www.us-irs-forms.com (Free)

All IRS Documents: Instructions, Memorandums, Letters, Fact Sheets, etc.: www.usirsforms.com (Free)

All U.S. FedForms Fillable and Savable (for over 200 Agencies): www.usa-federal-forms.com (Free)

Request a Legal Form, Letter, Affidavit, Contract, Complaint, etc. for any Legal Subject: Bankruptcy • Wills • Businesses • Corporations • Contracts • Immigration (USA, Canada, Australia) • Power of Attorney • Divorce • Name Change • Landlord • Tenant • Real Estate • Taxes • Employment • Personal Injury • Patent • Trademark • Copyright • and more: ask@fillable.com

Convert any Fillable PDF Form to Savable (locally! in Acrobat Reader!): www.savePDF.com (Free)

Convert any Document (in any Format) to PDF Fillable and Savable: www.FillinDocs.com (Free)

About the Forms Posted on the U.S. Government Websites

Only a relatively small number of PDF forms posted on the U.S. Government Websites are fillable.

Most fillable Fedform are not savable locally in Acrobat Reader.

There is a long list of errors and elements of low quality in fillable Fedforms. As a result, an average user is unable to fill-in even the "fillable" Fedforms.

The traditional Field-by-Field (FBF) method used by U.S. Government Agencies is extremely ineffective and slow. It can be used only to create a relatively small number of fillable pages. Clearly it is impossible to create tens of thousands of fillable forms with hundreds of thousands of pages, millions of fields by this method.

The system of electronic (HTML) online submission of all government forms is not realistic currently. Since U.S. government agencies are unable accomplish a single task: to add fill-in fields to tens of thousands of already existing forms in PDF format, it is illogical to expect from U.S. government agencies to be able to accomplish both tasks: to recreate all the forms AND to add all the fields in HTML format.

Government Paperwork Elimination Act (GPEA) is not realistic while government agencies continue to use the traditional Field-by-Field (FBF) method.

The direct loss of American people as a result of problems with tens of thousands of forms posted on U.S. Federal Government Websites is tens of billions (if not hundreds of billions) of dollars per year. Plus the indirect loss (that is much bigger than the direct loss). The situation with the gigantic number of forms posted on the Websites of the 50 states is not better than with the federal forms. The financial loss per month caused by problems with all the government form system is not only bigger than the cost of Iraq (both war and rebuilding) per month, but even bigger than the cost of all the war on terrorism. As a defense-related example, the number of fillable forms of the U.S. Department of Army is zero (out of 1589).

The only realistic option to create a large set of high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method. The field creation process is about 10,000 times faster than the traditional (FBF) method; the list of ITAOP features is not even available for FBF. ITAOP Fill-inDoc/savePDF method proved to be simple and reliable for (at least) hundreds of thousands (probably millions) of users all over the world (incl. individuals, companies, organizations, government officials).

To read more:

About U.S. Fedforms: www.usa-federal-forms.com

U.S. FedForms Statistics: www.usa-federal-forms.com/statistics.html

About Scrolling Effect in U.S. FedForms: www.fillable.com/scrolling.html

About the Process Used by Government Agencies to Make Forms Fillable: www.fillable.com/FBFprocess.html

About the Insert-Text-Anywhere-on-Page (ITAOP) method: www.fillable.com

About the savePDF Method: www.savePDF.com (the only method to save forms locally in Acrobat Reader)

FORMAL COMPLAINT OF DISCRIMINATION

For use of this form, see AR 690-600; the proponent agency is OSA

PRIVACY ACT STATEMENT (5 U.S.C. §552a)

AUTHORITY: Public Law 92-261

PRINCIPAL PURPOSE: Used for formal filing of complaints of discrimination because of race, color, national origin, religion, sex, age, physical or mental disability, and/or reprisal by Department of the Army civilian employees, former employees, applicants for employment, and some contract employees.

ROUTINE USES: 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 (Congress, White House, Equal Employment Opportunity Commission) regarding the status of an EEO complaint or appeal; or (d) to adjudicate an EEO complaint or appeal.

DISCLOSURE: Voluntary, however, failure to complete all appropriate portions of the form may lead to rejection of complaint on the basis of inadequate data on which to continue processing.

1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. HOME TELEPHONE NUMBER
4. HOME ADDRESS	5. DO YOU CURRENTLY WORK FOR THE FEDERAL GOVERNMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, complete 6, 6a, 6b, 7 and 8.)	
6. NAME OF AGENCY WHERE CURRENTLY EMPLOYED	6a. WORK TELEPHONE NUMBER	
6b. EMPLOYER'S ADDRESS (Complete information to include office symbol.)	7. PAY PLAN/SERIES/GRADE	
	8. CURRENT JOB TITLE	

SECTION I - COMPLAINT INFORMATION

9. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check below all that apply. Identify specific race, color, sex, age, religion, national origin, and/or disability.)

RACE _____ COLOR _____ SEX Male Female AGE _____

DATE OF BIRTH _____ NATIONAL ORIGIN _____ RELIGION _____

DISABILITY Mental _____ Physical _____ REPRISAL _____
(Date(s) and type of prior EEO activity)

10. EXPLAIN WHEN AND HOW YOU WERE DISCRIMINATED AGAINST (If your complaint involves more than one basis of alleged discrimination, list and number each basis separately and provide specific factual information in support of each allegation of discrimination. If necessary, continue on page 2.)

EXPLAIN WHEN AND HOW YOU WERE DISCRIMINATED AGAINST (Cont'd) (If necessary, additional sheets may be used.)

11a. NAME OF ORGANIZATION WHERE ALLEGED DISCRIMINATION OCCURRED

11b. ADDRESS OF ORGANIZATION WHERE ALLEGED DISCRIMINATION OCCURRED

12a. HAVE YOU DISCUSSED THE ISSUE(S) IN BLOCK 10 WITH AN EEO COUNSELOR? NO YES (If yes, complete 12b, 12c, and 12d below.)

12b. NAME OF EEO COUNSELOR

12c. DATE OF INITIAL CONTACT WITH EEO OFFICIAL (YYYYMMDD)

12d. DATE NOTICE OF RIGHT TO FILE A FORMAL COMPLAINT OF DISCRIMINATION RECEIVED (YYYYMMDD)

13. ELECTION OF REPRESENTATION

ATTORNEY

NON-ATTORNEY

NO REPRESENTATION

NAME OF REPRESENTATIVE _____

ADDRESS _____

TELEPHONE NUMBER: _____

FAX: _____

E-MAIL: _____

14. WHAT RELIEF ARE YOU SEEKING TO RESOLVE THIS COMPLAINT? (State specific corrective action desired for each allegation.)

15a. HAVE THE ISSUES IDENTIFIED IN BLOCK 10 BEEN APPEALED TO THE MERIT SYSTEMS PROTECTION BOARD (MSPB) OR FILED UNDER A UNION NEGOTIATED GRIEVANCE PROCEDURE? NO YES (If yes, complete 15b, 15c, and 15d below.)

15b. MSPB UNION NEGOTIATED GRIEVANCE

15c. DATE FILED (YYYYMMDD)

15d. MSPB OR UNION DOCKET NUMBER (If known)

16. LIST NAME(S) OF WITNESS (ES) AND BRIEFLY STATE WHAT INFORMATION WITNESS MAY CONTRIBUTE TO THE INVESTIGATION OF YOUR COMPLAINT.

17a. SIGNATURE OF COMPLAINANT

17b. DATE DA FORM 2590 SIGNED BY COMPLAINANT (YYYYMMDD)

SECTION II - TO BE COMPLETED BY THE PROCESSING EEO OFFICER (EEO)

18a. NAME OF COMPLAINANT	18b. SOCIAL SECURITY NUMBER	18c. DA DOCKET NUMBER
18d. TYPED/PRINTED NAME OF EEO	18e. ADDRESS OF EEO OFFICE (Complete address to include office symbol)	
18f. EEO TELEPHONE NUMBER		
18g. EEO OFFICE FAX NUMBER		
18h. EEO E-MAIL ADDRESS	18i. SIGNATURE OF EEO	

19a. DATE COMPLAINT RECEIVED (YYYYMMDD)	19b. METHOD OF DELIVERY <input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL (postmark date) (YYYYMMDD) _____ <input type="checkbox"/> FAX <input type="checkbox"/> OTHER
19c. DATE COMPLAINT DEEMED FILED (YYYYMMDD)	
19d. DATE COMPLAINT ACCEPTED OR DISMISSED (YYYYMMDD)	

20. IDENTIFY ISSUES IN BLOCK 10 BY PLACING AN **A** FOR ACCEPTED OR A **D** FOR DISMISSED IN APPLICABLE BOX(es)

	APPOINTMENT/HIRE	EXAMINATION/TEST	REINSTATEMENT
	ASSIGNMENT OF DUTIES	EVALUATION/APPRaisal	REPRIMAND
	AWARDS	HARASSMENT (non-sexual)	RETIREMENT/CONSTRUCTIVE DISCHARGE/RESIGNATION
	CONVERSION TO FULL TIME	HARASSMENT (sexual)	SUSPENSION
	DETAIL	PAY/OVERTIME	TERMINATION
	DEMOTION	PROMOTION/NON-SELECTION	TIME AND ATTENDANCE
	DISCIPLINARY ACTION (other)	REASSIGNMENT-REQUEST DENIED	TRAINING
	DUTY HOURS	REASSIGNMENT-DIRECTED	TERMS/CONDITIONS OF EMPLOYMENT

	OTHER (Specify)
--	--------------------

21. REMARKS