



EEO COUNSELING – INTAKE INFORMATION

On _____, you made contact with an EEO official.
Month, Day, Year

A. Counselee's Information

Name (Last, First, Middle Initial)	Home Telephone No. ()	Cellular No. ()
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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
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Employment Status in Relation to this Complaint (Check One)

Applicant
 Probationary
 Career/Career conditional
 Retired (date of retirement) _____
 Former Employee _____
 Other _____
Date left United States Mint _____ Specify _____

Name and Address of Facility Where You Work

Please select your department:

Information Technology
 Financial
 Office of the Director
 Workforce Solutions
 Manufacturing
 Protection
 Sales and Marketing

Your Work Telephone No. ()	Your Email Address
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Your Supervisor's Name	Supervisor's Telephone No. ()
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Supervisor's Position Title	Series	Grade	Duty Hours	Supervisor's Email Address
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B. Discrimination Basis

Prohibited discrimination includes **actions taken based** on the categories listed below.

Check and Particularize Each that Applies:

<input type="checkbox"/> 1. Race (Specify):	<input type="checkbox"/> 8. Age (Specify Date of Birth):
<input type="checkbox"/> 2. Color (Specify):	<input type="checkbox"/> 9. Pregnancy:
<input type="checkbox"/> 3. Religion (Specify):	<input type="checkbox"/> 10. Genetic Information:
<input type="checkbox"/> 4. Sex (Specify):	<input type="checkbox"/> 11. Sexual Orientation:
<input type="checkbox"/> 5. National Origin (Specify):	<input type="checkbox"/> 12. Parental Status:
<input type="checkbox"/> 6. Physical Disability (Specify):	<input type="checkbox"/> 13. Reprisal (Dates of prior EEO Activity):
<input type="checkbox"/> 7. Mental Disability (Specify):	

C. Matter Causing Complaint or Issue

<input type="checkbox"/> Appointment	<input type="checkbox"/> Overtime	<input type="checkbox"/> Retirement
<input type="checkbox"/> Assignment of Duties	<input type="checkbox"/> Pay	<input type="checkbox"/> Sex Based Harassment
<input type="checkbox"/> Awards	<input type="checkbox"/> Promotion/Non-selection: (Provide the following)	
<input type="checkbox"/> Change to Lower Grade	Position Title:	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Classification	Series & Grade:	<input type="checkbox"/> Suspension
<input type="checkbox"/> Converted to F/T CC	Date you learned of non-selection:	<input type="checkbox"/> Termination During Probation
<input type="checkbox"/> Duty Hours	<input type="checkbox"/> Reasonable Accommodation	<input type="checkbox"/> Time & Attendance
<input type="checkbox"/> Evaluation-Appraisal Merit Pay	<input type="checkbox"/> Reassignment	<input type="checkbox"/> Training
<input type="checkbox"/> Evaluation-Appraisal Non-Merit Pay	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Within Grade Increase
<input type="checkbox"/> Exam / Test	<input type="checkbox"/> Removal /Separation	<input type="checkbox"/> Working Conditions
<input type="checkbox"/> Harassment	<input type="checkbox"/> Reprimand	<input type="checkbox"/> Other (Explain)

D. Description of Incident/Activity CLAIM(S) OF DISCRIMINATION

BRIEFLY describe the incident or action taken against you that you believe was discriminatory. Give the **DATE** when the action occurred. Indicate what **HARM**, if any, came to you in your work situation as a result of this action.

On _____, 20____, the following occurred:
Month, Day Year

E. Resolution Sought

What are you seeking as a resolution to your complaint?

F. Comparative Employees

Explain why, based on the factors you cited in Section B, you believe that you were treated differently than other employees or applicants in similar situations.

1. _____ (Name of Comparative Employee) _____ (Factor(s) describing comparative employee, i.e., Race-Black, Sex-Female)

was treated differently than I when: _____

2. _____ (Name of Comparative Employee) _____ (Factor(s) describing comparative employee, i.e., Race-Black, Sex-Female)

was treated differently than I when: _____

G. Official(s) Responsible for Action(s)

List the name(s) of the official(s) who took the action which prompted you to seek counseling at this time.

1a. Agency Officials Name	1b. Title, Series and Grade
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:

1. Filed a grievance under the negotiated grievance procedure? Yes No If yes, _____
 (Date) (Current Status)
 Are you a bargaining unit employee? Yes No
3. Filed a grievance under the Agency grievance system? Yes No If yes, _____
 (Date) (Current Status)
4. 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

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.

M. Authorization

Please Print Your Name Here

Your Signature

Date Signed