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Board of Governors  
of the Federal Reserve System  
Washington, DC 20551

## Pre-Complaint of Discrimination

FR 1413a

**Note:** You must complete this form in Adobe Acrobat or Reader, not a web browser. If you do not have Adobe or Reader, [download a free version](#).

In order for your complaint to be processed, it must be signed by either: (1) you; or (2) your attorney, if applicable.

Please send an electronic copy of this form via email to your EEO Counselor by selecting "[Email Submit](#)" which becomes available after you provide your employment status and/or sign this form.

### AGGRIEVED PERSON'S INFORMATION

Aggrieved Person's Name (First, Middle Initial, and Last)

Street Address

City

State

Zip Code (5 digits)

Home Phone Number (10 digits)

Work Phone Number (10 digits)

Email

What is your employment status?

For current or former employees:

Division

Section/Unit

Title

Grade

Division where complaint arose:

Date most recent alleged  
discrimination occurred:

Month / Day / Year

### COMPLAINT INFORMATION

Prohibited discrimination is an action based on your race, sex (including pregnancy, gender identity, and sexual orientation), color, religion, age (40 and over), national origin, disability, genetic information, and/or in reprisal for participation in the EEO process or opposing unlawful discrimination.

What is the **basis** of the alleged discrimination? (Select all that apply; provide required information where applicable.)

- |  |   |
|--|---|
| <input type="checkbox"/> Age                 | <input type="checkbox"/> Pregnancy            |
| <input type="checkbox"/> Color               | <input type="checkbox"/> Race/Ethnicity       |
| <input type="checkbox"/> Disability          | <input type="checkbox"/> Religion             |
| <input type="checkbox"/> Gender Identity     | <input type="checkbox"/> Reprisal/Retaliation |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sex                  |
| <input type="checkbox"/> National Origin     | <input type="checkbox"/> Sexual Orientation   |

The issue of a complaint is the specific subject matter (i.e. the allegedly discriminatory policy or practice the complaint challenges, an alleged discriminatory incident or personnel action, and/or a pattern of allegedly discriminatory behaviors, and for which you seek redress). The range of issues covered by the EEO laws is very broad and can cover any matter related to your employment.

What is the **issue** of the alleged discrimination? (Select all that apply; provide required information where applicable.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Appointment/Hire           | <input type="checkbox"/> Harassment               | <input type="checkbox"/> Sexual Harassment              |
| <input type="checkbox"/> Assignment of Duties       | <input type="checkbox"/> Medical Examination      | <input type="checkbox"/> Suspension                     |
| <input type="checkbox"/> Awards                     | <input type="checkbox"/> Pay (including overtime) | <input type="checkbox"/> Termination                    |
| <input type="checkbox"/> Conversion to Full-time    | <input type="checkbox"/> Promotion/Non-selection  | <input type="checkbox"/> Terms/Conditions of Employment |
| <input type="checkbox"/> Disciplinary Action (Type) | <input type="checkbox"/> Reinstatement            | <input type="checkbox"/> Time and Attendance            |
| <input type="checkbox"/> Demotion                   | <input type="checkbox"/> Reasonable Accommodation | <input type="checkbox"/> Training                       |
| <input type="checkbox"/> Duty Hours                 | <input type="checkbox"/> Reprimand                | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Evaluation Appraisal       | <input type="checkbox"/> Removal                  |   |
| <input type="checkbox"/> Examination/Test           | <input type="checkbox"/> Retirement               |   |

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**Pre-Complaint of Discrimination—(continued)**

For each allegation, please provide the date(s) of occurrence, the name(s) of the individual(s) you believe discriminated against you, and how you believe you were discriminated against (treated differently from other employees or applicants) based on your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 and over), disability, genetic information and/or in reprisal for participation in EEO process or opposing unlawful discrimination.

If additional space is needed, use "[Add File](#)" to attach source documents. Limit up to 4 files (not to exceed 40MB in total).

**Add files if applicable****Attachments:**
Do you have a representative?  Yes  NoIs your representative an attorney?  Yes  No

Representative Name	Phone Number (10 digits)	Email	
Street Address	City	State	Zip Code (5 digits)

What remedy or corrective action are you seeking?

By signing this document digitally with my PIV card, I affirm that the information I have submitted is complete and true to the best of my knowledge. I understand my digital signature is the legal equivalent of having placed my handwritten signature on this document.

For assistance with digital signing, refer to [Forms Digital Signatures](#).

\_\_\_\_\_  
Name of Aggrieved Person or Attorney\_\_\_\_\_  
Signature\_\_\_\_\_  
Date (MM/DD/YYYY)

By typing my name, I am signing this document electronically and intend that my electronic signature be treated as the legal equivalent of having placed my handwritten signature on this document. I affirm that the information I have submitted is complete and true to the best of my knowledge.

\_\_\_\_\_  
Name of Aggrieved Person or Attorney\_\_\_\_\_  
Signature\_\_\_\_\_  
Date (MM/DD/YYYY)

If submitting this form is your first contact with the Office of Diversity, Equity, and Inclusion (ODEI) regarding this matter, you will receive a notification (either by email, phone, or letter) from ODEI staff acknowledging receipt of your complaint within three business days. If you do not receive a notification within three business days, please contact Andre Smith at [andre.m.smith@frb.gov](mailto:andre.m.smith@frb.gov).

# Pre-Complaint of Discrimination—(continued)

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## Privacy Act Statement

### PURPOSES

These records are collected and maintained to assist the Board in carrying out its responsibilities under title VII of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age in Discrimination in Employment Act of 1967, the Equal Pay Act of 1963, the Genetic Information and Nondiscrimination Act of 2008, and other nondiscrimination statutes.

### AUTHORITY

Sections 10 and 11 of the Federal Reserve Act (12 U.S.C. § 244 and 248).

### EFFECTS OF NONDISCLOSURE

Providing this information is voluntary. However, failure to provide this information may delay or prevent the processing of your complaint of discrimination.

### ROUTINE USES

The information you provide will be stored in the system of records entitled BGFRS-5 “FRB—EEO Discrimination Complaint File.” All or part of the information may be disclosed outside of the Board in accordance with routine uses A, B, C, D, F, G, I, and J (see “General Routine Uses of Board Systems of Records” available at <https://www.federalreserve.gov/files/SORN-page-general-routine-uses-of-board-systems-of-records.pdf>), which are published in the *Federal Register* at 83 FR 43872 (August 28, 2018) at 43873-74. Furthermore, all or part of the information may be disclosed outside of the Board:

To disclose information to management as a data source for production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related personnel management functions or manpower studies and may also be utilized to respond to investigative or legal requests for statistical information (without personal identification of individuals).