



National
Aeronautics and
Space
Administration

Informal Complaint of Discrimination

(Based on age, race, color, religion, sex, national origin, physical or mental disability or retaliation.)

1. AGGRIEVED INDIVIDUAL'S FULL NAME	2a. HOME PHONE NO. <i>(include area code)</i>	2b. WORK PHONE NO. <i>(include area code)</i>
3. HOME STREET ADDRESS <i>(P.O. Box or RD number)</i>	4. CITY AND STATE <i>(include ZIP code)</i>	
5. NAME OF REPRESENTATIVE	6. ADDRESS OF REPRESENTATIVE	
7. EMPLOYMENT DATA		
a. NOW WORKING IN THE FEDERAL GOVERNMENT <input type="checkbox"/> (1) YES <i>(if checked, complete items 8b through 8d)</i> <input type="checkbox"/> (2) NO <i>(if checked, continue in item 9)</i>	b. CHOOSE ONE: <input type="checkbox"/> (1) CIVIL SERVANT <input type="checkbox"/> (3) OTHER <i>(Specify)</i> <input type="checkbox"/> (2) CONTRACTOR	
c. ORGANIZATION		
8. DATE MOST RECENT ALLEGED DISCRIMINATION TOOK PLACE	a. MONTH	b. DAY
c. YEAR		
9. REASON WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST		
a. BECAUSE OF AGE <i>(specify)</i>	f. BECAUSE OF SEXUAL ORIENTATION <i>(specify)</i>	
b. BECAUSE OF RACE <i>(specify)</i>	g. BECAUSE OF NATIONAL ORIGIN <i>(specify)</i>	
c. BECAUSE OF COLOR <i>(specify)</i>	h. BECAUSE OF PHYSICAL OR MENTAL DISABILITY <i>(specify)</i>	
d. BECAUSE OF RELIGION <i>(specify)</i>	i. BECAUSE OF RETALIATION <i>(specify)</i>	
e. BECAUSE OF SEX, (GENDER IDENTITY, PREGNANCY) <i>(specify)</i>	j. BECAUSE OF GENETIC INFORMATION <i>(specify)</i>	
10. EXPLAIN HOW YOU BELIEVE YOU WERE DISCRIMINATED AGAINST <i>(treated differently from other employees or applicants)</i> BECAUSE OF AGE, RACE, COLOR, RELIGION, GENETIC INFORMATION, SEX, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY OR RETALIATION <i>(Continue on another sheet if more space is needed)</i>		
11. NAMED RESPONSIBLE MANAGEMENT OFFICIAL(S):		
12. HAVE YOU FILED A GRIEVANCE <i>(negotiated or agency)</i> OR APPEALED TO MSPB ON THIS MATTER(S)? <input type="checkbox"/> (a) YES <input type="checkbox"/> (b) NO		
13. ALTERNATE DISPUTE RESOLUTION (ADR) OFFERED? <input type="checkbox"/> (a) YES <input type="checkbox"/> (b) NO ADR ELECTED? <input type="checkbox"/> (c) YES <input type="checkbox"/> (d) NO		
14. ARE YOU REQUESTING ANONYMITY? <input type="checkbox"/> (a) YES <input type="checkbox"/> (b) NO		
15. CORRECTIVE ACTION YOU WANT TAKEN ON YOUR COMPLAINT		
16. SIGNATURE OF AGGRIEVED INDIVIDUAL OR DESIGNATED REPRESENTATIVE	17. DATE OF INFORMAL COMPLAINT <i>(month, day, year)</i>	