

# Information for Pre-Complaint Counseling

Certified Mail No.	Date Mail	or	Hand Delivered On
By (Initials)	Case No.		

On \_\_\_\_\_, you requested an appointment with a Dispute Resolution Specialist.  
*Month, Day, Year*

**Important: Please Read.** You should complete this form and return it to the EEO office **within 10 calendar days of receipt.** This is the only notification that you will receive regarding the necessity for you to complete this form.

## A. Requester Information

Name (Last, First, MI)		Social Security No.	Home Telephone No. ( )
Your Mailing Address			
Name of Postal Facility Where You Work			Office Telephone No. ( )
Address of Postal Facility		Email Address *	
Employment Status (Check One) <input type="checkbox"/> Applicant <input type="checkbox"/> Casual <input type="checkbox"/> TE <input type="checkbox"/> Career		Position Title	Grade Level
Pay Location	Tour	Duty Hours	Off Days (If Tour I, Show Nights Off)
Your Supervisor's Name		Supervisor's Title	Supervisor's Telephone No. ( )

\* Providing this information will authorize the U.S. Postal Service to send you important documents electronically.

## B. Discrimination Factors

Prohibited discrimination includes actions taken based on your **Race, Color, Religion, Sex, Age (40+), National Origin, Physical and/or Mental Disability, or in Retaliation** (actions based on your participation in prior EEO activity). These categories are referred to on this form as factors.

What Factor(s) of Discrimination Are You Alleging? (Please be specific, i.e., Race - African American, Sex - Female.)

**For Retaliation Allegations Only:** If you are alleging retaliation discrimination, provide the date(s) and specifics of the EEO activity which you feel caused you to be retaliated against.

- On \_\_\_\_\_, I engaged in EEO activity. Case No.: \_\_\_\_\_.  
*Month, Day, Year*
- On \_\_\_\_\_, I engaged in EEO activity. Case No.: \_\_\_\_\_.  
*Month, Day, Year*

## C. Description of Incident/Activity

Please use the space below to briefly describe the incident or action that prompted you to seek EEO counseling at this time.

On \_\_\_\_\_, 20\_\_\_\_,  
*Month, Day Year*

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## H. Anonymity

You have the right to remain anonymous during the pre-complaint process.

Do you desire anonymity?  No  Yes

## I. Representation

You have the right to retain representation of your choice. (Check One)

I waive the right to representation at this time.  I authorize the person listed below to represent me.

Name of Representative	Representative's Title	
Organization	Telephone No. (     )	Email Address *
Mailing Address (Street or P.O. Box, City, State and ZIP + 4)		

\* Providing this information will authorize the U.S. Postal Service to send you your representative important documents electronically.

## J. 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 pre-complaint process.

## K. Privacy Act Statement

**Privacy Act Notice.** The collection of this information is authorized by the Equal Employment Opportunity Act of 1972, 42 U.S.C. § 2000e-16; 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. This information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses,

grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

## L. Authorization

I am aware that the claim(s) contained herein shall by-pass the pre-complaint process *if* like or related to a formal complaint that I have already filed, or *if* the claim(s) constitutes a spin-off complaint. (A spin-off complaint contests the manner in which a previously filed complaint is being processed.) In completing this PS Form 2564-A, *Information for Pre-Complaint Counseling*, I recognize that the Manager, Dispute Resolution, will review the claim(s) contained herein and determine how they shall be processed. I will be notified, in writing, if the Manager determines that my claim(s) shall be processed as amendments or appendages to a formal complaint that I have already filed.

Please Print Your Name Here

Your Signature

Date Signed

**Please Return This Form to:**

