

## **EEO INITIAL CONTACT FORM**

The following information must be provided in order to expedite processing an allegation of discrimination. This form must be completed and submitted together with any other supporting documentation to the **EEO Office located on the 2<sup>nd</sup> Floor, HRO Bldg 1472, Yokosuka Navy Base, Japan. Mailing Address: Commander US Naval Forces Japan, Human Resources Office Code 530 PSC 473 Box 22 FPO AP 96349-0022. DSN Tel 243-9579 DSN Fax 243-8999 Local Tel/Fax 046-816-9579/8999 Int'l Tel 011-81-46-816-9579/8999**

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Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Grade: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Organization (If you are an applicant, please indicate where you applied for): \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Employment Status: Career/Career Conditional \_\_\_\_ VRA \_\_\_\_ Temporary \_\_\_\_ Term \_\_\_\_ Other \_\_\_\_  
Applicant \_\_\_\_\_

Date of Alleged Discrimination: \_\_\_\_\_ (MUST BE WITHIN 45 DAYS)

Are you a U.S. citizen: \_\_\_\_\_ (You must be a U.S. citizen to file a formal complaint).

Representative: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Representative Email Address: \_\_\_\_\_

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Reason for the discrimination. **Check only those that apply to you:**

1. Race: Asian/Pacific Islander \_\_\_\_ American Indian / Alaskan Native \_\_\_\_  
Hispanic \_\_\_\_ White \_\_\_\_ African American \_\_\_\_ Other \_\_\_\_
2. Color \_\_\_\_ Specify \_\_\_\_\_
3. National Origin \_\_\_\_ Specify \_\_\_\_\_
4. Religion \_\_\_\_ Specify \_\_\_\_\_

5. Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_
6. Age (40 Minimum) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
7. Disability \_\_\_\_\_
- Physical \_\_\_\_\_ Specify \_\_\_\_\_
- Mental \_\_\_\_\_ Specify \_\_\_\_\_
8. Reprisal for prior EEO involvement or participation in EEO activity \_\_\_\_\_
- Complainant \_\_\_\_\_ Witness \_\_\_\_\_ Date of prior involvement \_\_\_\_\_
9. None of the above \_\_\_\_\_ Specify \_\_\_\_\_

State briefly the circumstances regarding your allegation (s) of discrimination above.

State the corrective action desired. (What will it take to resolve this matter)?

Have you filed a prior EEO complaint? Yes \_\_\_\_\_ No \_\_\_\_\_ Date filed \_\_\_\_\_

Have you filed with Merit System Protection Board (MSPB) or an administrative grievance regarding the same issue or because of discrimination?

No \_\_\_\_\_ Yes \_\_\_\_\_ Date filed : \_\_\_\_\_ (Please provide copy)

Do you wish to remain anonymous? No \_\_\_\_\_ Yes \_\_\_\_\_

I understand that by signing and submitting this form I am electing to use the EEO procedures to address my allegation (s) of discrimination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date