DOE F 1600.1
(06-96)
All Other Editions Are Obsolete

FOR AGENCY USE

U.S. DEPARTMENT OF ENERGY

COMPLAINT OF DISCRIMINATION

(Because of Race, Color, Religion, Sex, Age, National Origin, Retaliation, or Physical and/or Mental Disability)
(See Reverse for Instructions)

1. COMPLAINANT'S FULL NAME

2. COMPLETE HOME ADDRESS:
Street Address, RD, or P.O. Box:

City, State, Zip Code:

3. BUSINESS TELEPHONE:
(Include Area Code)

4. HOME TELEPHONE:
(Include Area Code)

5A. OFFICE YOU BELIEVE DISCRIMINATED AGAINST YOU:

B. ADDRESS: (Include Street, City, State, Zip Code)

C. NAME AND TITLE OF PERSON(S) YOU BELIEVE DISCRIMINATED AGAINST YOU:

D. DATE OF MOST RECENT ALLEGED DISCRIMINATION:

MONTH	DAY	YEAR

6A. ARE YOU PRESENTLY WORKING FOR THE FEDERAL GOVERNMENT?

☐ YES (Answer B, C, and D Below)
☐ NO (Continue with Question 7)

B. AGENCY WHERE YOU WORK:

C. ADDRESS OF AGENCY: (Include Street, City, State, Zip Code)

D. TITLE AND GRADE OF YOUR JOB:

7. CHECK BELOW THE REASON(S) YOU BELIEVE YOU WERE DISCRIMINATED AGAINST.

☐ Race, If so, State your Race _____
☐ Color, If so, State your Color _____
☐ Religion, If so, State your Religion _____
☐ National Origin, If so, State your National Origin _____
☐ Sexual Harassment _____
☐ Sex ☐ M ☐ F
☐ *Age, if so, State your Age _____
☐ Physical Disability, if so, State your Physical Disability _____
☐ Mental Disability _____
☐ Retaliation _____

* (Complaints of discrimination because of age apply only to employees or applicants who are at least 40 years of age at the time the discriminatory action is alleged to have occurred.)

8. EXPLAIN HOW YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (TREATED DIFFERENTLY FROM OTHER EMPLOYEES OR APPLICANTS) BECAUSE OF YOUR RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, RETALIATION, OR PHYSICAL AND/OR MENTAL DISABILITY. (For each allegation, please state to the best of your knowledge, information and belief what incident occurred and when the incident occurred. You may continue your answer on another sheet of paper if you need more space.)

9. (A) I HAVE DISCUSSED MY COMPLAINT WITH AN EQUAL EMPLOYMENT OPPORTUNITY COUNSELOR: (See Instructions)
☐ YES ☐ NO

9. (B) NAME OF COUNSELOR:

10. (A) WHAT CORRECTIVE ACTION ARE YOU SEEKING?:

10. (B) ARE YOU CLAIMING COMPENSATORY DAMAGES? (COMPENSATORY DAMAGES AND ATTORNEY'S FEES ARE EXCLUDED FROM AGE CASES). ☐ YES, MEDICAL DOCUMENTATION MUST BE SUBMITTED. ☐ NO.

11. DATE OF THIS COMPLAINT:

MONTH	DAY	YEAR

12. SIGN YOUR (COMPLAINANT'S) NAME HERE:

Printed with soy ink on recycled paper

INFORMATION AND INSTRUCTIONS

(PLEASE READ CAREFULLY)

- This form should be used only if you, as a U.S. Department of Energy (DOE) employee or an applicant for employment believe you have been discriminated against because of race, color, religion, sex, age, national origin, retaliation or physical and/or mental disability by DOE and have presented the matter for informal resolution to an Equal Employment Opportunity Counselor within 45 calendar days of the date the incident occurred or, if a personnel action, within 45 calendar days of its effective date.

- Your complaint must be filed within 15 calendar days of the date you receive a notice of right to file a complaint of discrimination from an Equal Employment Opportunity Counselor. If the matter has not been resolved to your satisfaction within either 30 calendar days of your first interview with the Equal Employment Opportunity Counselor or 90 calendar days of using an established dispute resolution program, you have a right to file a complaint within 15 days after receiving the above-referenced notice.

- These time limits may be extended if you show that you were not notified of the time limits and were not otherwise aware of them, or that you were prevented by circumstances beyond your control from submitting the matter within the time limits, or for other reasons considered sufficient by the agency.

- If you need help in the preparation of your complaint, you may contact the Director of Civil Rights, an Equal Employment Opportunity Counselor or the Equal Employment Opportunity/Diversity Program Manager at your facility, or you may secure help from a representative of your choice.

- Your written complaint should be filed by you or by your designated representative with the Equal Employment Opportunity Office where the alleged discrimination occurred, the head of the field installation, the agency's Director of Civil Rights, Secretary of Energy or other such officials as the agency may designate for that purpose.

- You may have a representative of your own choosing at all stages of the processing of your complaint.

- You will have an opportunity to talk with an investigator and give him/her all the facts which you believe show discrimination. The investigator will not be under the jurisdiction of the head of that part of the agency in which the alleged discrimination took place.

- After the investigation of your complaint has been completed, you will be given a copy of the investigative file.

- An opportunity to request a hearing will be conducted by an independent Administrative Judge certified by the Equal Employment Opportunity Commission. The hearing will be held at a convenient time and place. At the hearing, you may present witnesses and other evidence in your behalf.

- The final decision (in writing) will be made by the head of the agency or his/her designee. If a hearing was held on your complaint, the head of the agency or his/her designee will review the decision recommended by the Administrative Judge before making a final decision, and he/she will furnish you with a transcript of the hearing, a copy of the findings, analysis and recommended decision of the Administrative Judge, and the agency's final decision letter.

- If you are not satisfied with the final agency decision, you have the right to appeal that decision within 30 calendar days after receipt to the Office of Federal Operations, Equal Employment Opportunity Commission, P.O. Box 19848, Washington, DC, 20036, or you may file a civil action in an appropriate U.S. District Court within 90 days of receipt of the agency's decision. If you elect to file an appeal with the Commission, you may still file a civil action in a U.S. District Court within 90 days of the Commission's decision if you are dissatisfied with the decision.

- You also may file a civil action in an appropriate U.S. District Court if you have not received a final agency decision within 180 days of filing your complaint with the agency or if you have not received a final Commission decision within 180 days of filing your appeal with the Commission's Office of Federal Operations.

Privacy Act Information Statement

General: This information is requested pursuant to Public Law 93-579 (Privacy Act of 1974, December 31, 1974) for individuals completing formal discrimination complaint forms.

Authority: Section 1302 of Title 5 U.S.C., Executive Order 11478, (3 CFR Section 446 (1970)), and Title 29 CFR Section 1614.102, gives the Department of Energy authority to issue regulations for the processing of complaints of discrimination.

Purpose and Uses: The principle purpose of form DOE F 1600.1, "Complaint of Discrimination", is to receive and process complaints of discrimination based on race, religion, color, sex, age, national origin, retaliation or physical and/or mental disability.

Effects of Nondisclosure: Failure to provide this information may result in an allegation of discrimination not being processed.