

<p>Discrimination Complaint in the Army and Air National Guard For use of this form see CNGBM 9601.01, the proponent agency is NGB-EO.</p>	(SEEM Use Only)	Filing State/Territory:
NGB Case Tracking Number:		

PRIVACY ACT STATEMENT

Authority: 42 U.S.C., Chapter 21, Subchapter V

IRR Date: _____

Principal Purpose: To document allegations of discrimination in the National Guard (NG)

FRR Date: _____

Routine Uses: None

ADR Date: _____

Disclosure: Voluntary. However, failure to complete all portions of this form could affect the timely processing, or result in the rejection or dismissal of your complaint.

INSTRUCTIONS

PART I - TO BE COMPLETED BY COMPLAINANT

Submit to Your EO State Representative

All NG members serving in Title 32 status, to include NG technicians in a military pay status who believe they have been discriminated against based on race, color, national origin, religion, sex-gender, or sexual orientation, or who believe they have been the victim of sexual harassment, or of reprisal for prior engagement in the discrimination complaint process or related activity, may file a request to resolve discrimination allegations.

You are encouraged to discuss the complaints with and to seek assistance from your immediate supervisor, unit commander, members of the chain of command or EO office staff. Fill out Part I of this form and file the complaint within 180 days of the date of the alleged discrimination or the date that you became aware of the discriminatory event or action. The complaint should be filed with the unit commander (if the commander is not the alleged discriminating official) or with your unit EO representative. You may file with any other commander in the chain of command, the Adjutant General, the National Guard Bureau, or Inspector General Office. However, regardless of where the complaint is filed, it will be referred to the lowest applicable command level for action.

1. COMPLAINANT

a. NAME (Last, First, MI)	b. RANK	c. COMPONENT (ARNG/ANG)	d. POSITION
2. SEX-GENDER (M/F)	3. RACE		4. NATIONAL ORIGIN
5. HOME ADDRESS (Including Zip Code)		6. TELEPHONE NUMBERS	
		a. BUSINESS	b. HOME
7. ACTIVITY OR UNIT IN WHICH ALLEGED DISCRIMINATION OCCURRED		8. ARE YOU (Check One)	
		PART TIME MILITARY MEMBER AGR TITLE 32/ADOS TITLE 32 APPLICANT FOR NG/AGR MEMBERSHIP FORMER MILITARY MEMBER BENEFICIARY OF NG	

9. ALLEGED DISCRIMINATING OFFICIAL (ADO)

a. NAME (Last, First, MI)	b. RANK/TITLE
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10. REPRESENTATIVE (If any)

a. NAME (Last, First, MI)	b. ADDRESS
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11. CHECK BELOW THE BASIS (Reasons) FOR ALLEGED DISCRIMINATION

- R RACE (Check Your Race) Black or African American White American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander
- C COLOR (State Your Color) _____
- L RELIGION (State Your Religion) _____
- S SEX-GENDER (Sexual Harassment) (Check Your Gender) Male Female
- X SEXUAL ORIENTATION (Specify) _____
- O REPRISAL (Based Upon EO Activity) Yes No
- N NATIONAL ORIGIN (State Your National Origin or National Group) (Specify) _____

12. CHECK FOR SPECIFIC ALLEGATIONS AND ISSUES			
Appointment/Enlistment		Evaluation/Appraisal	Reassignment
Assignment of Duties		Harassment	Retirement
Awards/Decorations		a. Non-Sexual	Time and Attendance
Disciplinary Action		b. Sexual	Training/Education
Duty Hours		Promotion/Non-Selection	Other

13. STATE ALLEGATION AND ISSUES (Explanations, background, and evidence can be attached as supporting material; they are NOT issues.)

- Issues: A. Number each issue.
 B. Briefly list the alleged act of discrimination, the basis, and the date(s) it took place.
 C. Indicate the name(s) of the alleged discriminating official(s) (ADO).

SAMPLE: I was discriminated against on (date) on the basis of (Race, Religion, or other basis) when (name the ADO) and briefly list the discriminatory event(s) or personnel action(s). Attach additional blank sheets, if necessary.

1.

2.

3.

14. WHAT CORRECTIVE ACTION DO YOU WANT TAKEN TO RESOLVE YOUR COMPLAINT?

15a. SIGNATURE OF COMPLAINANT

15b. DATE

16. OFFICIAL RECEIVING COMPLAINT

a. NAME

b. TITLE

c. SIGNATURE

d. DATE

PART II - COMPLAINT MANAGEMENT PROCESSING

TO BE COMPLETED AT THE LOWEST APPLICABLE COMMAND LEVEL

COMPLETE AS APPROPRIATE

1. WHEN DID YOU RECEIVE THE COMPLAINT?					DATE (YYYY/MM/DD)	
2. WAS THE COMPLAINT						
a.	Accepted		All		In Part	
b.	Referred		All		In Part	TO WHOM?
c.	Dismissed		All		In Part	(State Reason)
3. AFTER REVIEW OF THE LEADERSHIP INQUIRY REPORT I FIND THAT YOUR ALLEGATIONS ARE:						
Substantiated		Unsubstantiated			Discrimination Undetermined	
4. DID YOUR NOTICE OF PROPOSED RESOLUTION (NPR) CONCUR WITH THE FINDINGS OF THE INQUIRY OFFICIAL?					Yes	No
5. NAME/DATE NEXT HIGHER LEVEL COMMANDER REVIEWED NPR: a. NAME (Last, First, MI)					b. DATE (YYYY/MM/DD)	
6. DID THE JUDGE ADVOCATE REVIEW THE CASE?					Yes	No
7. DID THE SEEM REVIEW THE CASE?					Yes	No
8. DID THE ADJUTANT GENERAL (or designated representative) REVIEW THE CASE?					Yes	No
9. DATE YOU MET WITH MEMBER AND PROVIDED THEM WITH NPR:					DATE (YYYY/MM/DD)	
10. COMPLAINANT'S ELECTION TO THE NPR'S PROPOSED RESOLUTION AND REMEDY: <input type="checkbox"/> Accept the Proposed Resolution and Remedy. <input type="checkbox"/> Withdraw my State Informal Resolution Request. <input type="checkbox"/> File a NGB Formal Resolution Request						
a. SIGNATURE OF COMPLAINANT					b. DATE (YYYY/MM/DD)	
11. THIS FORM, THE NPR, THE LEADERSHIP INQUIRY REPORT, AND ANY ACCOMPANYING DOCUMENTATION WAS FORWARDED TO NGB-EO-CMA ON:					DATE (YYYY/MM/DD)	
12. REMARKS:						
10a. SIGNATURE OF COMMANDER					10b. DATE (YYYY/MM/DD)	

