

EEO COUNSELOR'S REPORT
(29 CFR, Section 1614.105)

AGENCY (Name and address)

AGGRIEVED PERSON

Name:

Job Title, Series and Grade:

Work Address (if different than above):

Telephone (Work):

(Home):

Home Address:

Representative (Name):

Phone:

Address:

CHRONOLOGY OF EEO COUNSELING

Date of Initial Contact:

Date of Initial Interview:

45th Day After Event:

Reason for Contact Beyond 45th Day (if applicable):

Date of Final Interview:

Date of Notice of Right to File a Formal Complaint:

Date Counselor's Report Requested

Date Counselor's Report Submitted:

BASIS FOR ALLEGED DISCRIMINATION

- Race (Specify):
 - Color (Specify):
 - Religion (Specify):
 - Sex (Specify):
 - National Origin (Specify):
 - Age (Date of Birth):
 - Physical Disability (Specify):
 - Mental Disability (Specify):
 - Reprisal (Identify earlier event and/or opposed practice, give date):
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PRECISE DESCRIPTION OF THE ISSUE(S) COUNSELED

REMEDY REQUESTED

EEO COUNSELOR'S CHECKLIST – THE COUNSELOR ADVISED THE AGGRIEVED PERSON IN WRITING OF THE RIGHTS AND RESPONSIBILITIES CONTAINED IN THE EEO COUNSELOR CHECKLIST.

SUMMARY OF INFORMAL RESOLUTION ATTEMPTS

A. THE COUNSELOR ATTEMPTED RESOLUTION

1. Personal contacts:
2. Documents reviewed:
3. Summary of Informal Resolution Attempts:

B. IF AGGRIEVED OPTED FOR ADR, COUNSELOR'S STATEMENT THAT THE ADR PROCESS WAS FULLY EXPLAINED TO THE AGGRIEVED INDIVIDUAL/SUMMARY OF INFORMATION GIVEN TO THE AGGRIEVED INDIVIDUAL AND THE AGENCY BY THE COUNSELOR

Counselor Name (Print)

Date: _____

Signature: _____

Office Mailing Address: _____

Telephone: _____