

# NAVAL EQUAL OPPORTUNITY (EO) FORMAL COMPLAINT FORM

SUPPORTING DIRECTIVE OPNAVINST 5354.1F

|                    |   |
|--------------------|---|
| AUTHORITY:         | 10 U.S.C. 5013 (g).   |
| PRINCIPLE PURPOSE: | Formal filing of allegations of discrimination based on race, color, religion, sex or national origin, incidents of sexual harassment, against military personnel. For EEO complaints against civilian employees, see OCPMINST 12713.2.   |
| ROUTINE USES:      | Information provided on this form may be used: (a) as a data source for complaint information, statistics, reports, and analysis, (b) to respond to requests from appropriate outside individuals or agencies ( <i>e.g. Members of Congress; the White House</i> ) regarding the status of a complaint; (c) to adjudicate the complaint or appeal; (d) any other properly established routine use. May use addendum as necessary. |
| DISCLOSURE:        | Disclosure is voluntary; however, failure to fully complete all portions of this form may result in rejection of the complaint on the basis of inadequate data to assess complaint.   |
| PROTECT PRIVACY:   | Protect individual privacy ( <i>both complainant's and alleged offender(s)</i> ) through all stages of the process, (SECNAVINST 5211.5 Series)  |

|                         |                |
|-------------------------|----------------|
| 1a. COMPLAINANT'S NAME: | 1b. RANK/RATE: |
|-------------------------|----------------|

|           |                        |             |           |
|-----------|------------------------|-------------|-----------|
| 1d. UNIT: | 1e. RACE/ETHNIC GROUP: | 1f. GENDER: | 1g. DATE: |
|-----------|------------------------|-------------|-----------|

2a. Options:

- (1) Informal Resolution System (IRS). (Ref: IRS Skills Booklet, NAVPERS 15620.)
- (2) USN Equal Opportunity/Sexual Harassment Adviceline. (Monday - Friday 0730 - 1630) Central Time. Call Toll Free (800) 253-0931, DSN 882-2507, COMM (901) 874-2507. (Call collect from overseas.)  
E-Mail: Mill\_Navy\_EO\_Advice@Navy.Mil
- (3) Authorized command or local resource. The following are available (Insert local name, organization, and phone number)  
 Command Managed Equal Opportunity (CMEO):  
 Command Master Chief:  
 Equal Employment Opportunity (EEO):  
 Fleet Family Support Center (FSC):  
 Equal Opportunity Advisor (EOA):  
 Health Treatment Facilities (HTF):  
 Chaplain:  
 Legal:  
 Other:
- (4) NAVREGS 1151 Request mast with the CO/OIC: Your right to communicate with the CO in a proper manner, time, and place shall not be denied or restricted. Such requests shall be acted upon promptly and forwarded without delay. Local procedures are: (*Attach additional information if necessary*)
- (5) Communications with Inspectors-General: Any person whose chain of command does not take effective action on complaints or who does not feel comfortable filing complaints locally or in person can lodge complaints (anonymously if desired) via one or more of the available hotlines:  
 Naval Inspector General: Toll free (800) 522-3451; DSN 288-6743, COMM (202) 433-6743.  
 Marine Corps Inspector General: DSN 224-1349, COMM (703) 614-1349  
 Atlantic Fleet Inspector General: Toll Free (800) 533-2397  
 Pacific Fleet Inspector General: COMM (808) 474-4275  
 Naval Forces Europe Inspector General: 001-44-171-514-4188  
 Naval Reserve Inspector General: DSN 678-1324, COMM (504) 678-1324  
 Local TYCOM, ISIC, or local commanders' hotlines: (Insert Phone Number)
- (6) NAVREGS 1155. A service member may always communicate individually with members of Congress.
- (7) Article 138/NAVREGS 1150 complaint. A service member who believes him/herself wronged by his/her CO or other superior officer may file a complaint as provided in JAGMAN Chapter III. Assistance in filing such complaints may be available from the local Naval Legal Services Office (NLSO).

2b. CONTACT THE FOLLOWING COMMAND REPRESENTATIVE FOR ASSISTANCE IN FILING THIS COMPLAINT:  
(INSERT NAME, PHONE)

2c. COMPLAINANT WAS ADVISED OF COUNSELING / SUPPORT SERVICES AND PROVIDED A COPY OF THIS FORM.

|                                     |                |           |
|-------------------------------------|----------------|-----------|
| 2d. NAME OF COMMAND REPRESENTATIVE: | 2e. RANK/RATE: | 2f. DATE: |
|-------------------------------------|----------------|-----------|

|                     |                |
|---------------------|----------------|
| 2g. UNIT / COMMAND: | 2h. SIGNATURE: |
|---------------------|----------------|

|  |       |
|--|-------|
| COMPLAINANT'S ACKNOWLEDGEMENT:<br>SIGNATURE: | DATE: |
|--|-------|

# NAVAL EQUAL OPPORTUNITY (EO) FORMAL COMPLAINT FORM

SUPPORTING DIRECTIVE OPNAVINST 5354.1F

## PART II COMPLAINT

### FILING DEADLINE

I UNDERSTAND THAT I HAVE 60 CALENDAR DAYS FROM THE DATE OF THE ALLEGED INCIDENT TO FILE A FORMAL EO COMPLAINT. THIS EO FILING DEADLINE DOES NOT AFFECT ALTERNATIVE REMEDIES THAT MIGHT APPLY. *(INVESTIGATION OF EO COMPLAINTS RECEIVED AFTER 60 CALENDAR DAYS IS AT THE DISCRETION OF THE COGNIZANT COMMANDING OFFICER/ACTIVITY HEAD.)*

3a. NATURE OF COMPLAINT: *(STATE, IN AS MUCH DETAIL AS POSSIBLE, THE BASIS FOR YOUR COMPLAINT. DESCRIBE THE BEHAVIORS / CONDUCT UNDER OBJECTION, DATE(S) OF ANY OCCURRENCE, NAMES OF INVOLVED PARTIES, WITNESSES, OTHERS TO OR FROM WHOM PREVIOUS REPORTS MAY HAVE BEEN MADE OR RECEIVED, OTHER EVIDENCE AVAILABLE, AND ANY ADDITIONAL INFORMATION WHICH MAY BE HELPFUL IN RESOLVING YOUR COMPLAINT. ATTACH ADDITIONAL SHEETS AS NEEDED.)*

3b. REQUESTED REMEDY: *(WHAT, SPECIFICALLY, DO YOU THINK THE FINAL OUTCOME SHOULD BE?)*

3c. ACKNOWLEDGEMENT OF RECEIPT OF COMPLAINT: (BY POC IDENTIFIED IN PARAGRAPH 2b ABOVE)  
I ACKNOWLEDGE RECEIPT OF THIS FORMAL EO/SH COMPLAINT.

I UNDERSTAND THAT I HAVE ONE CALENDAR DAY (24 HOURS) TO REFER THE COMPLAINT TO THE APPROPRIATE AUTHORITY AND TO INFORM THAT AUTHORITY OF ANY INTERIM ACTION THAT IS TAKEN.

|  |                |           |
|--|----------------|-----------|
| 2d. NAME OF COMMAND REPRESENTATIVE:          | 2e. RANK/RATE: | 2f. DATE: |
| 2g. UNIT / COMMAND:                          | 2h. SIGNATURE: |           |
| COMPLAINANT'S ACKNOWLEDGEMENT:<br>SIGNATURE: |                | DATE:     |

# NAVAL EQUAL OPPORTUNITY (EO) FORMAL COMPLAINT FORM

SUPPORTING DIRECTIVE OPNAVINST 5354.1F

## PART III COMPLAINT PROCESSING / COMMAND ACTIONS

INTERIM FEEDBACK/ASSISTANCE TO COMPLAINANT. TAKE PARTICULAR CARE TO AVOID RE-VICTIMIZING COMPLAINANTS (AND WITNESSES). KEEP THE COMPLAINANT AND ADVOCATE APPRISED OF THE STATUS OF THE INVESTIGATION (INCLUDING ANY DEADLINE EXTENSIONS). PROVIDE SUPPLEMENTAL COUNSELING/SUPPORT ASSISTANCE/REFERRAL AS WARRANTED. ENSURE THAT ALL INVOLVED KNOW THAT REPRISAL AGAINST THE COMPLAINANT WILL NOT BE TOLERATED. *(RECOMMEND KEEPING A RECORD OF SUCH FEEDBACK/ASSISTANCE. ATTACH RECORD TO THE COMPLAINT FORM)*

RESOLUTION TIME STANDARDS/REPORTING. RESOLUTION OF CASE SHOULD BE COMPLETED NO LATER THAN 20 DAYS FROM INVESTIGATION COMMENCEMENT. RESOLUTION INCLUDES: COMPLETION OF INVESTIGATION; DETERMINATION OF VALIDITY OF COMPLAINT; ADJUDICATION AT NJP OR COURTS-MARTIAL, INITIATION OF OTHER APPROPRIATE ACTION, NOTIFICATION TO ACCUSED, AND NOTIFICATION OF COMPLAINANT AND SUBMISSION OF A CLOSE-OUT. IF TIME STANDARDS CANNOT BE MET, CONTINUATION MESSAGES EVERY 14 DAYS THROUGH CASE RESOLUTION IS MANDATORY. EXPLAIN THE REASON(S) FOR DELAY. SEND ALL MESSAGES UNCLASSIFIED.

DOCUMENT COMMAND ACTION. COMMAND RECORDS SHOULD PERMIT REVIEWERS TO CLEARLY ASCERTAIN/ASSESS DECISIONS REACHED. MAKE APPROPRIATE ENTRIES IN INDIVIDUAL PERSONNEL RECORDS, IF APPLICABLE. MAKE ANY STATISTICAL REPORTS REQUIRED BY THE CHAIN OF COMMAND. RETAIN THIS COMPLETED FORM ONBOARD AT LEAST THREE YEARS. PROVIDE A COPY OF COMPLETED FORM TO COMPLAINANT AS AUTHORIZED UNDER FREEDOM OF INFORMATION ACT (FOIA) AND GOVERNING DIRECTIVES.

**4a. DATE TIME GROUP (DTG) OF SITREP MESSAGES (ATTACH A COPY OF MESSAGES TO THIS FORM)**

|                 |                            |                   |
|-----------------|----------------------------|-------------------|
| (1) INITIAL DTG | (2) CONTINUATION(S) DTG(S) | (3) CLOSE-OUT DTG |
|-----------------|----------------------------|-------------------|

**4b. ASSIGNMENT OF PERSONAL ADVOCATES: (SEPARATE ADVOCATES MUST BE OFFERED TO EACH PARTY AND INITIALED IN WRITING)**

|                                   |                               |                               |
|-----------------------------------|-------------------------------|-------------------------------|
| (1) COMPLAINANT: (NAME AND PHONE) | (2) SUBJECT: (NAME AND PHONE) | (3) WITNESS: (NAME AND PHONE) |
| SELECT AND INITIAL:               | SELECT AND INITIAL:           | SELECT AND INITIAL:           |

|                                    |                   |
|------------------------------------|-------------------|
| 5a. NAME OF INVESTIGATING OFFICER: | 5b. DATE CONVENED |
|------------------------------------|-------------------|

|  |       |
|--|-------|
| 5c. COMPLAINANT'S ACKNOWLEDGEMENT:<br>SIGNATURE: | DATE: |
|--|-------|

**6a. ACKNOWLEDGEMENT OF RECEIPT BY COMMANDING OFFICER/ACTIVITY HEAD. I ACKNOWLEDGE RECEIPT OF THIS COMPLAINT BY:**

(NAME/RANK): \_\_\_\_\_ OF: \_\_\_\_\_ DATE: \_\_\_\_\_

I UNDERSTAND I MUST INITIATE AN APPROPRIATE INVESTIGATION OR ENSURE THAT ONE IS BEING CONDUCTED (E.G., BY NCIS) WITHIN THREE CALENDAR DAYS (72 HOURS). NOTIFY COMPLAINANT SAME DAY OF INVESTIGATION COMMENCEMENT. I FURTHER UNDERSTAND THAT I MUST SUBMIT A COMPLAINT AS PER OPNAVINST 5354.1 SERIES WITHIN THREE CALENDAR DAYS (72 HOURS), AND PROVIDE COMMAND ADVOCATES FOR ALL INVOLVED PARTIES.

|   |                |           |
|---|----------------|-----------|
| 6b. NAME OF COGNIZANT CO/ACTIVITY HEAD: | 6c. RANK/RATE: | 6d. DATE: |
| 6e. UNIT / COMMAND:                     | 6f. SIGNATURE: |           |

# NAVAL EQUAL OPPORTUNITY (EO) FORMAL COMPLAINT FORM

SUPPORTING DIRECTIVE OPNAVINST 5354.1F

## PART IV - NOTIFICATION, REVIEW, AND FOLLOW-UP

7a. NOTIFICATION OF ACTION TAKEN TO RESOLVE COMPLAINT. (TO OCCUR WITHIN 20 CALENDAR DAYS OF RECEIPT OF COMPLAINT.)

THIS COMPLAINT WAS COMPLETED ON (DATE):

THE COMPLAINT WAS FOUND TO BE (SELECT):

BASED ON THE FOLLOWING FINDINGS:

7b. COMPLAINANT'S ACKNOWLEDGEMENT:  
SIGNATURE:

DATE:

7c. SUBJECT'S ACKNOWLEDGEMENT:  
SIGNATURE:

DATE:

8a. RIGHT TO REVIEW BY HIGHER AUTHORITY: I ACKNOWLEDGE NOTICE OF MY RIGHT TO SUBMIT A STATEMENT CONCERNING THE INVESTIGATIVE FINDINGS AND COMMAND ACTION TAKEN, AND TO REQUEST REVIEW OF THOSE FINDINGS AND ACTIONS BY THE NEXT HIGHER AUTHORITY WHO IS:

8b. I REALIZE ANY STATEMENT AND REQUEST FOR REVIEW MUST BE SUBMITTED WITHIN 7 CALENDAR DAYS OF TODAY'S DATE. (BLOCK 10b-10c)

8c. I: (COMPLAINANT)  
(INITIAL NEXT TO RESPONSE)

8d. I: (ACCUSED)  
(INITIAL NEXT TO RESPONSE)

8e. COMPLAINANT'S ACKNOWLEDGEMENT:  
SIGNATURE:

DATE:

8f. SUBJECT'S ACKNOWLEDGEMENT:  
SIGNATURE:

DATE:

9a. ACTION TAKEN BY REVIEWING AUTHORITY (THE FOLLOWING ACTION HAS BEEN TAKEN):

9b. NAME OF REVIEWING AUTHORITY:

9c. RANK/RATE:

9d. DATE:

9e. UNIT / COMMAND:

9f. SIGNATURE:

9g. COMPLAINANT'S ACKNOWLEDGEMENT:  
SIGNATURE:

DATE:

9h. SUBJECT'S ACKNOWLEDGEMENT:  
SIGNATURE:

DATE:

10a. COMPLAINANT'S FOLLOW-UP COMMENTS: (THE COMPLAINANT SHOULD BE DEBRIEFED 30-45 DAYS AFTER THE FINAL ACTION TO ASSESS COMPLAINANT'S VIEWS AS TO EFFECTIVENESS OF CORRECTIVE ACTION, PRESENT COMMAND CLIMATE, ENSURE THE COMPLAINANT HAS NOT SUFFERED ANY REPRISAL, ETC.) THE COMPLAINANT WAS DEBRIEFED ON (DATE):

AND HAD THE FOLLOWING COMMENTS:

10b. COMPLAINANT'S ACKNOWLEDGEMENT:  
SIGNATURE:

DATE:

11. COMMANDING OFFICER'S FOLLOW-UP NOTES: (INDICATE DATES/NATURE OF ANY ACTIONS PROMPTED BY COMPLAINANT'S DEBRIEF. ATTACH ADDITIONAL SHEETS AS NECESSARY.)

COMMANDING OFFICER'S ACKNOWLEDGEMENT:  
SIGNATURE:

DATE: