

<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	
<p>Authority: 42 U.S.C., Chapter 21, Subchapter V</p> <p>Principal Purpose: To document allegations of discrimination in the National Guard (NG)</p> <p>Routine Uses: None</p> <p>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.</p>	<input type="checkbox"/> IRR Date: _____ <input type="checkbox"/> FRR Date: _____ <input type="checkbox"/> ADR Date: _____

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)	
		<input type="checkbox"/> PART TIME MILITARY MEMBER <input type="checkbox"/> AGR TITLE 32/ADOS TITLE 32 <input type="checkbox"/> APPLICANT FOR NG/AGR MEMBERSHIP <input type="checkbox"/> FORMER MILITARY MEMBER <input type="checkbox"/> BENEFICIARY OF NG	
9. ALLEGED DISCRIMINATING OFFICIAL (ADO)			
a. NAME (Last, First, MI)		b. RANK/TITLE	
10. REPRESENTATIVE (If any)			
a. NAME (Last, First, MI)		b. ADDRESS	

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

<input type="checkbox"/>	Appointment/Enlistment	<input type="checkbox"/>	Evaluation/Appraisal	<input type="checkbox"/>	Reassignment
<input type="checkbox"/>	Assignment of Duties	<input type="checkbox"/>	Harassment	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Awards/Decorations	<input type="checkbox"/>	a. Non-Sexual	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Disciplinary Action	<input type="checkbox"/>	b. Sexual	<input type="checkbox"/>	Training/Education
<input type="checkbox"/>	Duty Hours	<input type="checkbox"/>	Promotion/Non-Selection	<input type="checkbox"/>	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	<input type="checkbox"/>	All	<input type="checkbox"/>	In Part
b.	Referred	<input type="checkbox"/>	All	<input type="checkbox"/>	In Part
					TO WHOM?
c.	Dismissed	<input type="checkbox"/>	All	<input type="checkbox"/>	In Part
					(State Reason)
3. AFTER REVIEW OF THE LEADERSHIP INQUIRY REPORT I FIND THAT YOUR ALLEGATIONS ARE:					
<input type="checkbox"/> Substantiated		<input type="checkbox"/> Unsubstantiated		<input type="checkbox"/> Discrimination Undetermined	
4. DID YOUR NOTICE OF PROPOSED RESOLUTION (NPR) CONCUR WITH THE FINDINGS OF THE INQUIRY OFFICIAL?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. NAME/DATE NEXT HIGHER LEVEL COMMANDER REVIEWED NPR:				b. DATE (YYYY/MM/DD)	
a. NAME (Last, First, MI)					
6. DID THE JUDGE ADVOCATE REVIEW THE CASE?				DATE (YYYY/MM/DD)	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
7. DID THE SEEM REVIEW THE CASE?				DATE (YYYY/MM/DD)	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
8. DID THE ADJUTANT GENERAL (or designated representative) REVIEW THE CASE?				DATE (YYYY/MM/DD)	
<input type="checkbox"/> Yes <input type="checkbox"/> 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:					
[] Accept the Proposed Resolution and Remedy.					
[] Withdraw my State Informal Resolution Request.					
[] 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)	

