

<b>DISCRIMINATION COMPLAINT IN THE ARMY AND AIR NATIONAL GUARD</b>		HR/EO, MEO USE
For use of this form see NGR AR 600-22/NGR AF 30-3, the proponent agency is NGB-EO.		NGB Case Number
<b>PRIVACY ACT STATEMENT</b>		
		<input type="checkbox"/> Informal <input type="checkbox"/> Formal
<b>Authority:</b> 42 U.S.C. Section 2000d		
<b>Principal Purpose:</b> To document the formal filing of a military complaint of discrimination in the Army National Guard or the Air National Guard		
<b>Routine Use:</b> None		
<b>Disclosure:</b> 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.		
<b>INSTRUCTIONS</b>		
<b>PART I - TO BE COMPLETED BY COMPLAINANT</b>		
Submit to Your Unit Commander		
<p>Any part-time military member, AGR member, former member, applicant for membership or beneficiary of the Army or Air National Guard who believes that he or she has been discriminated against because of race, color, religion, gender, or national origin (or retaliation for having participated in any way in a protected equal opportunity activity), in a matter subject to the control of the Army or Air National Guard, may file an individual complaint of discrimination. 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 EOA/EOT 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.</p>		
<b>1. COMPLAINANT</b>		
a. NAME	b. RANK	c. POSITION
2. GENDER	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/ADSW TITLE 32 <input type="checkbox"/> APPLICANT FOR NG/AGR MEMBERSHIP <input type="checkbox"/> FORMER MILITARY MEMBER <input type="checkbox"/> BENEFICIARY OF NG
<b>9. PERSON YOU BELIEVE DISCRIMINATED</b>		
a. NAME	b. TITLE	
<b>10. REPRESENTATIVE (If any)</b>		
a. NAME	b. ADDRESS	
<b>11. CHECK BELOW THE BASIS (Reasons) FOR ALLEGED DISCRIMINATION</b>		
<input type="checkbox"/> R RACE (Check Your Race) <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander		
<input type="checkbox"/> C COLOR (State Your Color) _____		
<input type="checkbox"/> L RELIGION (State Your Religion) _____		
<input type="checkbox"/> G GENDER (Not Sexual Harassment) (Check Your Gender) <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> S SEXUAL HARASSMENT (Check Your Gender) <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> O REPRISAL (Based Upon EO/EEO Activity) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> N NATIONAL ORIGIN (State Your National Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (Specify) _____		

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

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
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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  
The above discrimination complaint was reviewed IAW NGR (AR) 600-22/NGR (AF) 30-3.

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. WHAT WAS THE RESULT OF THE COMMANDER'S INQUIRY?						
<input type="checkbox"/> Discrimination Confirmed		<input type="checkbox"/> Discrimination Not Confirmed		<input type="checkbox"/> Discrimination Undetermined		
4. DID YOU ATTEMPT RESOLUTION OF THIS COMPLAINT?					DATE (YYYY/MM/DD)	
<input type="checkbox"/> Yes <input type="checkbox"/> No						
5. IF YES, WAS THE COMPLAINT					<input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn	
6. WAS THE COMPLAINANT SATISFIED WITH THE RESOLUTION?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. SIGNATURE OF COMPLAINANT					b. DATE (YYYY/MM/DD)	
7. IF NOT SATISFIED WITH RESOLUTION OR WITHDRAWN THE COMPLAINT WILL AUTOMATICALLY APPEAL TO NEXT COMMAND LEVEL						
<input type="checkbox"/>	Withdraw the Complaint	SIGNATURE OF COMPLAINANT				DATE (YYYY/MM/DD)
8. THIS FORM AND ALL ATTACHMENTS, AND INQUIRIES IS FORWARDED TO THE NEXT COMMAND LEVEL ON					DATE (YYYY/MM/DD)	
9. REMARKS						
10a. SIGNATURE OF COMMANDER					10b. DATE (YYYY/MM/DD)	

**PART III - COMPLAINT MANAGEMENT PROCESSING**

TO BE COMPLETED AT THE INTERMEDIATE COMMAND LEVEL  
The above discrimination complaint was reviewed IAW NGR (AR) 600-22/NGR (AF) 30-3.

COMPLETE AS APPROPRIATE

1. WHEN DID YOU RECEIVE THE COMPLAINT?		DATE (YYYY/MM/DD)
2. WAS AN ADDITIONAL INQUIRY CONDUCTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE (YYYY/MM/DD)
If yes, what was the result? <input type="checkbox"/> Discrimination Confirmed <input type="checkbox"/> Discrimination Not Confirmed <input type="checkbox"/> Discrimination Undetermined		
3. WAS AN INVESTIGATION CONDUCTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE (YYYY/MM/DD)
If yes, what was the result? <input type="checkbox"/> Discrimination Confirmed <input type="checkbox"/> Discrimination Not Confirmed <input type="checkbox"/> Discrimination Undetermined		
4. DID YOU ATTEMPT RESOLUTION OF THIS COMPLAINT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE (YYYY/MM/DD)
5. IF YES, WAS THE COMPLAINT <input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn		
6. WAS COMPLAINANT SATISFIED WITH THE RESOLUTION? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. SIGNATURE OF COMPLAINANT		DATE (YYYY/MM/DD)
7. IF NOT SATISFIED WITH RESOLUTION OR WITHDRAWN THE COMPLAINT WILL AUTOMATICALLY APPEAL TO NEXT COMMAND LEVEL		
<input type="checkbox"/>	Withdraw the Complaint	SIGNATURE OF COMPLAINANT
		DATE (YYYY/MM/DD)
8. THIS FORM AND ALL ATTACHMENTS, AND INQUIRIES IS FORWARDED TO THE NEXT COMMAND LEVEL ON		DATE (YYYY/MM/DD)
9. REMARKS		
10a. SIGNATURE OF INTERMEDIATE COMMANDER		10b. DATE (YYYY/MM/DD)

<b>PART IV - COMPLAINT MANAGEMENT PROCESSING</b>			
TO BE COMPLETED AT THE ADJUTANT GENERAL LEVEL The above discrimination complaint was reviewed IAW NGR (AR) 600-22/NGR (AF) 30-3.			
COMPLETE AS APPROPRIATE			
1. DID THE ADJUTANT GENERAL (or designated representative) REVIEW THE CASE?			DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
a. Did the State Equal Employment Manager review the case?			DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Did the Judge Advocate review the case?			DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. WAS A RESOLUTION ATTEMPTED AT THIS POINT?			DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
a. If yes, what was the result?			
<input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn			
b. Was the complainant satisfied with the resolution?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
SIGNATURE OF COMPLAINANT			DATE (YYYY/MM/DD)
c. If Not Satisfied With Resolution Or Withdrawn The Complaint Will Automatically Appeal To Next Command Level.			
<input type="checkbox"/>	Withdraw the Complaint	SIGNATURE OF COMPLAINANT	DATE (YYYY/MM/DD)
3. WAS AN INVESTIGATION CONDUCTED?			DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what was the result? <input type="checkbox"/> Discrimination Confirmed <input type="checkbox"/> Discrimination Not Confirmed <input type="checkbox"/> Discrimination Undetermined			
a. Name of Investigating Officer			Rank
b. Did the SEEM review the Report of Investigation (ROI)?			DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Did the JA review the ROI?			DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. WAS A REDACTED COPY OF ROI SENT TO THE COMPLAINANT?			DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. DID THE ADJUTANT GENERAL ATTEMPT A RESOLUTION OF THE COMPLAINT?			DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
a. If yes, what was the result?			
<input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn			
b. Was the complainant satisfied with the resolution?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
SIGNATURE OF COMPLAINANT			DATE (YYYY/MM/DD)
c. If Not Satisfied With Resolution Or Withdrawn The Complaint Will Automatically Appeal To Next Command Level.			
<input type="checkbox"/>	Withdraw the Complaint	SIGNATURE OF COMPLAINANT	DATE (YYYY/MM/DD)
6. CASE FILE FORWARDED TO NGB WITH REQUEST FOR FINAL DECISION OR, IF RESOLVED OR WITHDRAWN, REQUEST FOR ADMINISTRATIVE CLOSURE.			DATE (YYYY/MM/DD)
a. SIGNATURE OF ADJUTANT GENERAL			b. DATE (YYYY/MM/DD)