

**FORM DI-1892**

REV. 10/92

## UNITED STATES DEPARTMENT OF THE INTERIOR

COMPLAINT OF DISCRIMINATION (Please Type or Print)

1. Complainant's name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, & Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Are you working for Federal Government:  
 Home Phone: \_\_\_\_\_ yes  no   
 Job Title, Series, Grade \_\_\_\_\_

2. DOI Office which you believe discriminated against you:  
 Name: \_\_\_\_\_ Region: \_\_\_\_\_ City, State: \_\_\_\_\_

3. Bases for believing you were discriminated against: (Check one or more, providing specific information.)

- |   |   |
|---|---|
| <input type="checkbox"/> Race, _____            | <input type="checkbox"/> Age, _____               |
| <input type="checkbox"/> Color, _____           | <input type="checkbox"/> Physical Handicap, _____ |
| <input type="checkbox"/> Religion, _____        | <input type="checkbox"/> Mental Handicap, _____   |
| <input type="checkbox"/> Sex, _____             | <input type="checkbox"/> Reprisal, _____          |
| <input type="checkbox"/> National Origin, _____ |   |

4. Allegation(s) of discrimination: (For each allegation state the basis, the date, and the specific incident causing you to believe that you have been discriminated against. For example, I was discriminated against on the basis of race and sex when, on January 1, 1992, I was not selected for the position of Analyst. (Use additional pages as necessary.))

5. I have discussed my complaint with an EEO Counselor: yes  no  If yes, name of counselor: \_\_\_\_\_  
 Date you first contacted the counselor: \_\_\_\_\_

6. Have you presented allegation(s) to another forum: (If so please indicate.)  
 Negotiated Grievance Procedure  Merit Systems Protection Board  Court (Civil Action)

7. List the remedies which you believe will resolve your complaint: (Use additional pages as necessary.)

8. Date of this complaint: \_\_\_\_\_ Complainant's signature: \_\_\_\_\_

**9. For use by Agency**

Complaint Docket Number: \_\_\_\_\_ Date Stamp: \_\_\_\_\_

## **READ CAREFULLY!**

The purpose of this form is to help you provide information necessary for processing your complaint of discrimination. Each incident causing you to believe you have been discriminated against must have been discussed with the EEO Counselor. You should always provide a date on which the incident occurred. Your complaint must bear an original signature. All references to days in this form will be in calendar days.

\* This form should be used only if you, as an applicant for Department of the Interior (DOI) employment or a DOI employee, believe you have been discriminated against because of race, color, religion, sex, national origin, age, handicap, or reprisal by the DOI and have presented the matter for informal resolution to 3 DOI EEO Counselor within **45 days** of the date the incident occurred or, if a personnel action, within **45 days** of the effective date of the action.

\* The EEO Counselor will conduct the final interview with you within 30 days and inform you, in writing, of your right to file a complaint. You will have **15 days** in which to file your complaint. The 15 days may be extended if you show that you were not notified of the time limit or prevented from meeting it by circumstances beyond your control. Failure to file your complaint within the 15-day period may result in the dismissal of your complaint unless the filing time is extended as discussed above.

\* Your written complaint should be filed by you or your designated representative with the Bureau Equal Opportunity Officer where the alleged discriminatory incident occurred, the Secretary of the Interior, or with the Director, Office for Equal Opportunity, U.S. Department of the Interior, 1849 C Street NW, Washington D.C. 20240. If you choose to have a representative, you must designate your representative in writing giving full name and address.

\* If your complaint is accepted for processing, you will have an opportunity to have your complaint investigated. Within 180 days from the filing date of your complaint the DOI will provide you with a copy of the investigation. This time period may be extended by not more than 90 days by written agreement between you and the agency. Should the DOI fail to issue the investigative record within 180 days, you may request a hearing.

\* Upon receipt of your investigative record, you will have **30 days** in which to request a hearing before the Equal Employment Opportunity Commission (EEOC) or request an immediate final decision from the DOI.

The EEOC Administrative Judge will issue a Statement of Findings and Conclusions within 180 days of receipt of the request for hearing unless for good cause this time period is extended. If you do not request either a hearing or a final decision within the 30 day time period, the DOI will process your complaint for a final decision.

\* The DOI will issue a final decision 60 days from receipt of your notice that you wish an immediate final decision. If an Administrative Judge issues a Statement of Findings and Conclusions, the DOI will have 60 days to reject or modify or use the Judge's Findings and Conclusions. If the DOI does not issue a final decision within 60 days the findings and conclusions of the Administrative Judge will become the DOI's final decision.

\* If you are dissatisfied with the final decision or the dismissal of your complaint, you may appeal the decision within **30 days** of receipt of the decision or notice of dismissal to the Office of Federal Operations, EEOC.

\* In lieu of an appeal to the EEOC, you may file a civil action within **90 days** of receipt of the final decision. Also, you may file a civil action after 180 days has elapsed from the filing of your individual complaint if a final decision has not been issued or you have not appealed the final decision.

\* If you file an appeal with the EEOC, and you are not satisfied with the EEOC's decision, you may file a civil action within 90 days of receipt of the EEOC's final decision. You may also file a civil action any time after **180 days** from the date of filing an appeal with the EEOC, if there has been no final decision by the EEOC.

\* If you file a civil action involving this complaint, you must specifically name the Security of the Interior, as defendant. Failure to do so may result in the loss of any judicial redress to which you may be entitled. Additionally, the filing of a civil action could result in the termination of the EEOC's processing of your appeal.

\* There are special provisions in the regulations with respect to related processes, such as, mixed case complaints, negotiated grievance procedures, class complaints, civil actions, etc. For further information, you may wish to consult Title 29 of the Code of Federal Regulations, Part 1614.

### **PRIVACY ACT STATEMENT**

THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974.

AUTHORITY: 42 USC 2000E-16

PRINCIPAL PURPOSE: To establish the case records and to assist in the processing of the complaint.

ROUTINE USE: Used by EEO officials, Administrative Judges, investigators, and/or by representatives of the EEOC, the Department of Justice and the courts concerning the complaint and appeal.

DISCLOSE IS VOLUNTARY: If the individual does not furnish the information requested, there will be no adverse consequences. However, failure to furnish information requested on the form may delay or impair processing of the complaint.