



## **REQUEST FOR WOMEN'S/FAIR PRACTICES DEPARTMENTS TO REPRESENT AN EMPLOYEE IN A DISCRIMINATION CASE**

Thank you for coming to Women's and Fair Practices Departments for assistance. Please complete this form to expedite our ability to help you. For further information, you may refer to our "Criteria for Representation" flyer, which is attached. The criteria for representation considers factors such as the type of case you have, whether the time limits have been met, and whether there is a meritorious claim or appeal. *If additional space is needed to answer any of the questions, please feel free to attach additional sheets of paper to this form.*

### **REQUEST MADE BY:**

Name: \_\_\_\_\_

Local: and District Nos.: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Title in Union: \_\_\_\_\_

Local Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Was Complainant a dues-paying member at the time of the event(s)?**    Y        N

### **REQUEST MUST BE ENDORSED BY EITHER:**

#### **NVP:**

Name (Print): \_\_\_\_\_

District: \_\_\_\_\_

Signature: \_\_\_\_\_

*AND*

#### **Local President:**

*\*Please attach a letter or an email referring this case to the NVP. Thank you.*

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

#### **Council President:**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

OR

OR

#### **NWAC or NFPAAC:**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Will this case set a precedent for your Council, District or Local, or are you aware of any previous similar cases of discrimination filed against the same management of your agency?

Please explain. \_\_\_\_\_

\_\_\_\_\_

**A. CONTACT INFORMATION:**

Complainant's Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Case Nos.: \_\_\_\_\_

Is Complainant Represented by a Union Member or Other Individual?     Y     N

If Yes, Representative's Name: \_\_\_\_\_

Title in Union (if applicable): \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Complainant's Home Address:** \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

**Agency Representative's Name:** \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Administrative Judge's Name (if applicable):** \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**B. CASE STATUS:**

*Please identify the case forum and answer the questions that correspond to that forum.*

Forum of EEO Case (please circle)		
EEOC	MSPB	Grievance/Arbitration
Refer to Nos.: 1-12	Refer to Nos.: 1-5; 13-14	Refer to Nos.: 1-5, 11-12

1. Has a hearing been scheduled? If so, when?
2. When did the discriminatory action occur?
3. Has there been any type of formal or informal mediation regarding this complaint?

4. Has the employee made a request for Discovery? If so, please state the date the request was made and your current status regarding said request. Please send a **HARD COPY** of the discovery request and a **HARD COPY** of the Agency's response to the request with this form.
5. Has the Agency made a request for Discovery? If so, please state the date the request was made and the current status of that request. Please send a **HARD COPY** of the discovery request and a **HARD COPY** of the response that the employee or his/her representative submitted with this form.
6. Has the employee contacted an EEO counselor about this discrimination? If so, when? If not, why?
7. Did the employee file a formal EEO complaint of discrimination? If so, when? Please send a **HARD COPY** of the formal complaint with this form.
8. Has the Agency issued a Report of Investigation (ROI)? If so, please send a **HARD COPY** of the ROI with this form.
9. Has the employee requested a formal hearing of Final Agency Decision on this matter? If so, please send a **HARD COPY** of the request that was submitted.
10. Has there been an Acknowledgment and Order in this case? If so, please send a **HARD COPY** of this Order with this form.
11. If there is an alleged violation of contract, please send in a **HARD COPY** of the contract with this form. Please note/highlight all pertinent articles in the contract that you believe have been violated.
12. Has a grievance been filed regarding the employee's issue? If so, has an arbitration been invoked? Please send a **HARD COPY** of all such relevant information with this form.
13. Did the employee file a formal MSPB appeal? If so, when? For MSPB appeals, please send a **HARD COPY** of the formal appeal with this form.
14. For MSPB appeals, please specifically identify all allegations other than EEO discrimination that form the basis of the appeal.

**\*WFP requests a COPY and NOT the originals of your case documents because of the WFP Document Retention Policy, which states in part, that documents will be destroyed two (2) years after the closing of your case in AFGE's records.**

**C. CASE SUMMARY:**

***Protected Classes Identified or type of Complaint (Circle All That Apply):***

Race	Color	Religion	Sex	Age (40+)
National Origin	Disability	EEO Reprisal	Sexual Harassment	
Failure to Accommodate	Harassment/Hostile Work Environment			
Genetic Information				

## **Employment/Personnel Actions Challenged:**

*(Please attach a detailed explanation as needed to respond to the following questions.)*

1. Has Complainant been treated differently than another employee who is not in the same protected class? If so, who and how?
2. What were the Agency's stated reasons for its employment/personnel actions?
3. Does Complainant have evidence that the Agency's reasons (stated above) were not true? If so, what is the evidence?
4. For cases involving **PROMOTION and AGE**, please specify whether Complainant is older than the person selected for the position, Complainant's age and the selected person's age.
5. For cases involving **HARASSMENT/HOSTILE WORK ENVIRONMENT**, please describe the harassment/hostility that Complainant was subjected to. Please include the specific dates that these actions took place.
6. For cases involving **REPRISAL or RETALIATION**, please state the following:
  - (a) What was Complainant's prior EEO activity, e.g., witness in an EEO case, an EEO representative, potential discrimination, or made a complaint of discrimination;
  - (b) The date(s) when the prior EEO activity occurred; and
  - (c) The name(s) of managers who were aware of Complainant's prior EEO activity before the employment/personnel action was taken.
7. For cases involving **FAILURE TO ACCOMMODATE**, please state the following:
  - (a) The nature of Complainant's disability;
  - (b) What accommodation was requested and when was it requested;
  - (c) Whether the agency and Complainant discussed the suggested recommendations requested and received;
  - (d) Briefly the Agency's response to the accommodation request;
  - (e) Whether an accommodation was provided and what the received accommodation was;
  - (f) How long it took to get the accommodation; and
  - (g) Whether the accommodation provided meets your needs.