

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY OFFICE OF CIVIL RIGHTS EEO INTAKE QUESTIONNAIRE

EEO CASE #:	(TO BE COMPLETED BY EPA)
1. Full Name	2. Personal Phone Home
(b)(6) Privacy, (b)(7)(C) Enf. Privacy	Mobile (b)(6) Privacy, (b)(7)(C) Ent. Privacy
3. Home Address (Include City, State, Zip) (b)(6) Privacy, (b)(7)(C) Eni. Privacy	4. Email Address
Centreville VA 20120	(b)(6) Privacy, (b)(7)(C) Enf. Pr
	and the second s
5. Employment Status	If Other, Please Explain
If no Longer Employed at EPA, Date Separa	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The state of the s	2014 V FE 1.X
6. Bargaining Unit Member?	Name of Union
7. Employee Office information	8. Office Where Discrimination Occurred
Office/ Division/ Branch/ Section	Office/ Division/ Branch/ Section
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Office Address (Include City, State, Zjp)	Officer Address (Include City, State, Zip)
Public works	Sat garage to the state of the same
Mavarsas VA 20110	· t
Phone Number:	Phone Number:
COMPLAINT INFORMATION	10 10 12 00 1 00 0 00 0 00 00 00 00 00 00 00 00
9. Representative Name (if applicable)	
Representative Mailing Address	The Bright Company of the Company of
	3 5a 188 - 3253 Aut by \$5a - 1
Representative Telephone Number:	THE STATE OF THE STATE OF THE STATE
Representative E-Mail Address:	* ************************************
Representative Type If Other, Specify	
10. Date Most Recent Incident of Discrimin	ation Occurred: 11/21/2023
The project I wonked on they will get a consultant to do 10x from what they would v will they qualify for the fu	a my work that will cost have paid me. version 09/19/20
will than audifu for the Fu	inding if they don't comply/app

11. Select Why You Believe You Were Discriminated Against (Select All That Apply). Use dropdown menus where provided to specify the basis(es) selected. If Something Else is selected, explain in space provided.

Race If 2 or More, List Color Explain, If Desired √ Religion If claimed, state your religion or none here Sex Something Else Gender Identity Something Else Sexual Orientation Something Else National Origin Something Else Date of Birth Age √Disabilitv Retaliation (Identify prior EEO Activity) (e.g., prior EEO complaint filed 1/2020; 4711 filed 2/2020; discrimination grievance filed 2/2020; reasonable accommodation requested 1/2020; etc)

Something Else

12. Identify who took the specific action/conduct that was discriminatory. Specify the action/ conduct; state the date it occurred (or date you learned of it); why you believe it occurred; how it harmed you; any witness(es); remedy you are seeking. NOTE: Additional background information needed will be gathered during EEO Counseling/Investigation, as needed:

## **EXAMPLES:**

Genetic Information

Marital Status

Parental Status Political Affiliation

- 1) John Smith; Immediate Supervisor; did not give me a bonus; 01/01/2023; because I am a woman; harm is loss of money; no witnesses; seeking bonus.
- 2) Jane Roberts; Coworker; made racist comment; 01/01/2023; because I am Black; harm is I was offended; Rebecca Johnson, coworker and John Smith, immediate supervisor are witnesses; seek apology and conduct to stop.
- 3) Richard Jefferson; 2<sup>nd</sup> line supervisor; denied training request; 01/01/2023; because I have a disability and filed an EEO complaint last year; harm is lost training opportunity; no witnesses; seek approval of training next time offered, and that management reprimand Jefferson.

work from home. 09/26/2023, and after I got injured at Job site

HR Director, didn't approve my proper companyable