

DISCRIMINATION COMPLAINT IN THE ARMY AND AIR NATIONAL GUARD		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	
PRIVACY ACT STATEMENT			
		Informal	Formal
<p>Authority: 42 U.S.C. Section 2000d</p> <p>Principal Purpose: To document the formal filing of a military complaint of discrimination in the Army National Guard or the Air National Guard</p> <p>Routine Use: 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>			
INSTRUCTIONS			
PART I - TO BE COMPLETED BY COMPLAINANT			
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>			
1. COMPLAINANT			
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)	
		PART TIME MILITARY MEMBER AGR TITLE 32/ADSW TITLE 32 APPLICANT FOR NG/AGR MEMBERSHIP FORMER MILITARY MEMBER BENEFICIARY OF NG	
9. PERSON YOU BELIEVE DISCRIMINATED			
a. NAME		b. TITLE	
10. REPRESENTATIVE (If any)			
a. NAME		b. ADDRESS	
11. CHECK BELOW THE BASIS (Reasons) FOR ALLEGED DISCRIMINATION			
R	RACE (Check Your Race)	Black	White
		American Indian/Alaskan Native	Asian/Pacific Islander
C	COLOR (State Your Color)	_____	
L	RELIGION (State Your Religion)	_____	
G	GENDER (Not Sexual Harassment) (Check Your Gender)	Male	Female
S	SEXUAL HARASSMENT (Check Your Gender)	Male	Female
O	REPRISAL (Based Upon EO/EEO Activity)	Yes	No
N	NATIONAL ORIGIN (State Your National Origin)	Hispanic	Other (Specify) _____

12. CHECK FOR SPECIFIC ALLEGATIONS AND ISSUES			
Appointment/Enlistment		Evaluation/Appraisal	Reassignment
Assignment of Duties		Harassment	Retirement
Awards/Decorations		a. Non-Sexual	Time and Attendance
Disciplinary Action		b. Sexual	Training/Education
Duty Hours		Promotion/Non-Selection	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
 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?							
Discrimination Confirmed			Discrimination Not Confirmed		Discrimination Undetermined		
4. DID YOU ATTEMPT RESOLUTION OF THIS COMPLAINT?					DATE (YYYY/MM/DD)		
Yes			No				
5. IF YES, WAS THE COMPLAINT					Settled Withdrawn		
6. WAS THE COMPLAINANT SATISFIED WITH THE RESOLUTION?					Yes 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? Yes No		DATE (YYYY/MM/DD)
If yes, what was the result?		
Discrimination Confirmed	Discrimination Not Confirmed	Discrimination Undetermined
3. WAS AN INVESTIGATION CONDUCTED? Yes No		DATE (YYYY/MM/DD)
If yes, what was the result?		
Discrimination Confirmed	Discrimination Not Confirmed	Discrimination Undetermined
4. DID YOU ATTEMPT RESOLUTION OF THIS COMPLAINT? Yes No		DATE (YYYY/MM/DD)
5. IF YES, WAS THE COMPLAINT Settled Withdrawn		
6. WAS COMPLAINANT SATISFIED WITH THE RESOLUTION? Yes 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.		
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)

PART IV - COMPLAINT MANAGEMENT PROCESSING

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)
Yes	No	
a. Did the State Equal Employment Manager review the case?		DATE (YYYY/MM/DD)
Yes	No	
b. Did the Judge Advocate review the case?		DATE (YYYY/MM/DD)
Yes	No	
2. WAS A RESOLUTION ATTEMPTED AT THIS POINT?		DATE (YYYY/MM/DD)
Yes	No	
a. If yes, what was the result?		Settled Withdrawn
b. Was the complainant satisfied with the resolution?		Yes 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)
Yes	No	
If yes, what was the result?		Discrimination Confirmed Discrimination Not Confirmed Discrimination Undetermined
a. Name of Investigating Officer		Rank
b. Did the SEEM review the Report of Investigation (ROI)?		DATE (YYYY/MM/DD)
Yes	No	
c. Did the JA review the ROI?		DATE (YYYY/MM/DD)
Yes	No	
4. WAS A REDACTED COPY OF ROI SENT TO THE COMPLAINANT?		DATE (YYYY/MM/DD)
Yes	No	
5. DID THE ADJUTANT GENERAL ATTEMPT A RESOLUTION OF THE COMPLAINT?		DATE (YYYY/MM/DD)
Yes	No	
a. If yes, what was the result?		Settled Withdrawn
b. Was the complainant satisfied with the resolution?		Yes 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)