

# EEO Dispute Resolution Specialist's (DRS) Inquiry Report

## NOTICE OF RESTRICTED USAGE

Access to, and usage of, this EEO report is restricted by both the Freedom of Information Act and the Privacy Act to: (1) the complainant and his or her representative, and (2) government officials who must have access to the files to discharge their OFFICIAL duties. The report must be safeguarded. Willful violations of these requirements are subject to criminal penalties (5 U.S.C. 552a(i)).

### Complainant

Name (Last, First, MI)		Social Security No.	
Home Address (No., Street, City, State, ZIP + 4)			
Home Telephone No. ( )	Email Address	Office Telephone No. ( )	
Position Title	Grade Level	Tour	Duty Hours
Off Days (For Tour 1, record off nights)		Is EEO Poster 72 on Display in Complainant's Facility? <input type="checkbox"/> Yes, verified on (date): _____ <input type="checkbox"/> No	
Preference Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Mixed Case <input type="checkbox"/> Yes <input type="checkbox"/> No	MSPB Appeal Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date Filed:	

### Chronology of Informal Process

Date of Incident	Date of Initial Contact With EEO Office	Date of Initial Interview
REDRESS Overview <input type="checkbox"/> Yes <input type="checkbox"/> No	ADR Election Form Signed <input type="checkbox"/> Yes <input type="checkbox"/> No	60 Day Extension Form Signed <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Expiration Date:
Date Complainant Signed or Received Notice of Right to File	Date DRS Report Requested	Date DRS Report Submitted

### Basis for Alleged Discrimination

Check and Particularize Each that Applies:

<input type="checkbox"/> 1. Race (Specify):	<input type="checkbox"/> 6. Age (Specify):
<input type="checkbox"/> 2. Color (Specify):	<input type="checkbox"/> 7. Physical Disability (Specify):
<input type="checkbox"/> 3. Religion (Specify):	<input type="checkbox"/> 8. Mental Disability (Specify):
<input type="checkbox"/> 4. Sex (Specify):	<input type="checkbox"/> 9. Retaliation (Specify Cited Prior EEO Activity):
<input type="checkbox"/> 5. National Origin (Specify):	

Discrimination Claim(s):

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Requested Resolution:

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## EEO Dispute Resolution Specialist's Checklist

Please Check All That Apply.

1. I informed counselee of the impartial role of the Dispute Resolution Specialist in the EEO complaint process, explained the EEO process, and provided counselee with the booklet, *What You Need to Know About EEO* — an overview of the EEO process in the Postal Service.
2. I notified counselee of his/her right to be accompanied, represented, and advised by a representative of his/her choice at any stage in the complaint process. If counselee elected representative, I obtained the following information:
- Representative's Name: \_\_\_\_\_
- Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
- Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- \_\_\_\_\_
3. I advised counselee of his/her right to remain anonymous during pre-complaint counseling and he/she DID \_\_\_\_\_ /DID NOT \_\_\_\_\_ waive anonymity.
4. I explained the Privacy Act Notice. Counselee signed a copy of the notice prior to the interview.
5. If a mixed case, I informed counselee of the mixed case election procedures in 29 C.F.R. §1614.302.
6. If age discrimination was alleged, I informed counselee of the alternate procedures available for pursuing age claims, as outlined in 29 C.F.R. §1614.201.
7. If a sex based claim of wage discrimination is alleged under Equal Pay Act (EPA), I advised counselee of his/her right to bypass the administrative procedure and file a civil action, as outlined in 29 C.F.R. §1614.408.
8. If discrimination based on disability is alleged, I informed counselee of his/her requirement to submit documentation of his/her disability. Documentation HAS \_\_\_\_\_ HAS NOT \_\_\_\_\_ been submitted.
9. If counselee presented his/herself as an agent of a class, I explained the class complaint procedures and the class agent's responsibilities, as outlined in 29 C.F.R. §1614.204.
10. I informed counselee of his/her requirement to immediately notify the area Manager, EEO Compliance and Appeals and the EEOC if the representative's or his/her mailing address change.
11. I explained that I will not be the one who will make the decision on the acceptability of counselee's claim(s); but, there is a possibility that, for the reason(s) I have briefly re-stated below, the claim(s) will be dismissed in accordance with 29 C.F.R. §1614.107.

**Counselor's Inquiry**

Brief Summary of Inquiry (If applicable)

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**REDRESS™ (Dispute Resolution Specialist complete this section if counselee participated in ADR.)**

Date of Mediation	Disposition <input type="checkbox"/> Resolved <input type="checkbox"/> Not Resolved
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**Summary of Final Interview**

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**Privacy Act Notice**

The collection of this information is authorized by the Equal Employment Opportunity Act of 1972, 42 U.S.C. § 2000e-16; the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. § 633a; the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794a; and Executive Order 11478, as amended. This information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants

or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

Office Address of Dispute Resolution Specialist  
(No., Street, City, State, and ZIP + 4)

Office Address of Manager, EEO Compliance & Appeals  
(No., Street, City, State, and ZIP + 4)

Specialist's Office Telephone No.

Specialist's Office Hours

Signature of EEO Dispute Resolution Specialist

Typed Name of EEO Dispute Resolution Specialist

Date