

# INSTRUCTIONS FOR FILLING OUT EEO FORMS

PS FORM 2564A

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## **PART A: Requester Information**

**Name, Social Security, Home Phone, Address, Name of Postal Facility, Office Phone, Postal Facility Address, Email Address, Employment Status, Position Title, Grade Level, Pay Loc, Tour, Duty Hours, Off Days (color code), Time in Position, Supervisor's Name, Supervisors Title, Supervisor's phone**

## **Part B: Discrimination Factors**

**Race, Color, Religion, Sex, Age (40+) National Origin, Physical and/or Mental Disability, or Retaliation (based on participation in previous EEO activity).**

What type of discrimination? Write all that apply. (Be specific; i.e., Race- Hispanic, National Origin-China, Color-Black).

### **For Retaliation Allegations:**

If you have filed previous EEO's list the dates and case numbers if known.

## **Part C: Description of Incident/Action**

**Date of Incident (must be within 45 days of postmarked mailing).**

**Describe the incident and how it relates to discrimination.**

(Example: On Jan 1, 2000 I was discriminated against when my supervisor issued me a Letter of Warning for attendance. Other carriers with worse attendance have not been disciplined. I feel I am being treated this way because I am (Hispanic, physically disabled, Brown etc..) and the others are not.

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<b>Part D: Comparisons</b>
<b>Name of other employees in similar situations, Factor(s) describing the employee, i.e., sex (male), National Origin( Hispanic)</b> How were they treated differently? Are they of a different race, color etc.?
<b>Part E: Official(s) Responsible for Action(s)</b>
<b>Name, Title Office, Grade Level of official(s) who took the action.</b>  <b>Retaliation Allegations</b> Was/were the official(s) listed aware of the prior EEO activity?
<b>Part F: Resolution</b>
<b>What are you seeking as a resolution to the pre-complaint?</b> Was there harm done such as missing pay, discipline on file, loss of benefits, harassment based on discrimination? What type of remedy will repair the harm?
<b>Part G: Grievance/MSPB Appeal</b>
<b>Is there a grievance on the same issue? If yes, date and step it is currently at.</b> <b>Is there a MSPB appeal on the same issue? If yes, date of appeal.</b>

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<b>Part H. Anonymity</b>
<b>Do you want to remain anonymous?</b> If yes is checked REDRESS mediation will not be possible since revealing your name and identity will not be possible.
<b>Part I. Representation</b>
<b>Do you waive representation? Do you authorize the person listed below as your representative?</b> <b>Name of Representative, Title, Organization, Phone, Mailing Address.</b> Note: Do not submit or authorize a representative without checking with them first to see if they are willing and or available. If seeking a Union representative call the Union first and make sure a copy is sent to the office.
<b>Part J. Documentation</b>
<b>Attach any documentation that supports the allegation(s) including a copy of any written action(s). If alleging mental and/or physical disability submit medical documentation.</b> Documentation could be a letter of discipline, CA-17, medical restrictions etc.
<b>Part K. Privacy Act</b>
<b>Read Privacy Act Notice. How the information in the form will potentially be used.</b>
<b>Part L. Authorization</b>
<b>Authorization for the Manager, Dispute Resolution to review and determine how the claim shall be processed.</b> <b>Print Name, Signature and Date.</b>

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**In Addition to the PS Form 2564A the other form that needs to be signed and dated in order to participate in REDRESS is the PS Form 2567B Agreement to Participate in REDRESS, an Alternate Dispute Resolution Process.**

**It is also a good idea to sign and date PS Form 2567A the Agreement to Extend 30 Day EEO Counseling Process.** In case all parties are not available immediately it gives the Manager of Dispute Resolution more time to schedule mediation.

**If alleging mental or physical handicap there is a form that authorizes the EEO Staff to check on your injury claim relating to the EEO.**

**PS Form 2563B is an additional form that is usually included in the package of forms. It may or may not apply.** It explains rights under the Age Discrimination in Employment Act of 1967, as amended.