



National
Aeronautics and
Space
Administration

EEO Counselor's/Mediator's Worksheet

1. OFFICE/CODE OF COUNSELEE/COMPLAINANT	2. INSTALLATION	3. DATE OF FIRST CONTACT/MEETING
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4. BASIS(ES) FOR ALLEGED DISCRIMINATION	
a. AGE (<i>specify</i>)	e. SEX (<i>specify</i>)
b. RACE (<i>specify</i>)	f. NATIONAL ORIGIN (<i>specify</i>)
c. COLOR (<i>specify</i>)	g. PHYSICAL OR MENTAL HANDICAP (<i>specify</i>)
d. RELIGION (<i>specify</i>)	h. REPRISAL (<i>specify</i>)

5. ISSUE(S) INVOLVED			
<input type="checkbox"/> a. INITIAL APPOINTMENT	<input type="checkbox"/> b. PROMOTION	<input type="checkbox"/> c. REASSIGNMENT	<input type="checkbox"/> d. SEPARATION
<input type="checkbox"/> e. SUSPENSION	<input type="checkbox"/> f. REPRIMAND	<input type="checkbox"/> g. EVALUATION/APPRaisal	<input type="checkbox"/> h. JOB TRAINING
<input type="checkbox"/> i. HARASSMENT (<i>specify sexual or non sexual</i>) _____		<input type="checkbox"/> j. OTHER _____	

6. CORRECTIVE ACTION (<i>If resolved, identify action taken and effective date</i>)		
DESCRIPTION		DATE
a. AGENCY IMPROVED PERSONNEL PRACTICES		
b. PROMOTION-RETROACTIVE OR NON-RETROACTIVE		
c. TRAINING OPPORTUNITY RECEIVED		
d. REAPPOINTMENT/REINSTATEMENT		
e. REASSIGNMENT		
f. RESCINDING OR REDUCING OF ADVERSE ACTION		
g. PRIORITY CONSIDERATION FOR NEXT PROMOTION		
h. PERFORMANCE APPRAISAL/EVALUATION		
i. BACK PAY (<i>Amount</i>)		
j. ATTORNEY'S FEES (<i>Amount</i>)		
k. COMPENSATORY DAMAGES (<i>Amount</i>)		
l. LUMP SUM PAYMENT (<i>Amount</i>)		
m. OTHER (<i>Amount</i>)		

7. RESOLUTION/SETTLEMENT ATTEMPT(S) OR ACCOMPLISHMENT	
a. ATTEMPT PRIOR TO PRE-COMPLAINT COUNSELING RESOLUTION (<i>Oral</i>) _____ SETTLEMENT AGREEMENT _____ b. ATTEMPTS AT PRE-COMPLAINT COUNSELING STAGE WITHIN 30 DAY COUNSELING PERIOD _____ WITHIN 60 DAY COUNSELING PERIOD _____ BY RESOLUTION (<i>Oral</i>) _____ BY SETTLEMENT AGREEMENT _____ THROUGH ADR PROCESS _____	c. ATTEMPTS AT FORMAL COMPLAINT STAGE ACCEPTANCE STAGE _____ INVESTIGATIVE STAGE _____ PRE-HEARING CONFERENCE _____ HEARING _____ PRIOR TO FINAL AGENCY DECISION _____ d. ATTEMPT RESOLUTION/SETTLEMENT SUCCESSFUL _____ UNSUCCESSFUL _____

8. <input type="checkbox"/> a. STILL COUNSELING <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> b. ELECTED ADR AS OF (<i>Date</i>) _____	c. FINAL INTERVIEW LETTER ISSUED ON (<i>Date</i>) _____	

d. CASE REPORTED PREVIOUSLY <input type="checkbox"/> YES <input type="checkbox"/> NO	e. DATE(S) (<i>If item (d) is checked "YES"</i>)	f. TIME COUNSELOR/MEDIATOR SPENT ON CASE
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REMARKS

TYPED NAME OF EEO COUNSELOR/MEDIATOR	SIGNATURE	DATE
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