National Aeronautics and Space Administration

Report on Counseling/ADR Activity

PERIOD COVERED

DESCRIPTION	ALLEGED DISCRIMINATION *(Enter number of persons in each category)*																																
	AGE			RACE			COLOR			RELIGION			SEX						NATIONAL ORIGIN			HANDICAP						REPRISAL			TOTAL		
													FEMALE			MALE						PHYSICAL			MENTAL								
	LM	CM	D	LM	CM	D	LM	CM	D	LM	CM	D	LM	CM	D	LM	CM	D	LM	CM	D	LM	CM	D	LM	CM	D	LM	CM	D	LM	CM	D
1. INITIAL APPOINTMENT																																	
2. PROMOTION																																	
3. REASSIGNMENT/DETAIL																																	
4. SEPARATION																																	
5. SUSPENSION																																	
6. REPRIMAND																																	
7. HARASSMENT																																	
8. JOB TRAINING																																	
9. PERFORMANCE APPRAISAL/EVALUATION																																	
10. OTHER *(Specify)*: _____																																	
11. PERSONS CONTINUED FROM LAST MONTH																																	
12. PERSONS INITIALLY CONTACTING COUNSELOR																																	
13. TOTAL PERSONS COUNSELED DURING THE MONTH																																	
14. PERSONS FILING FORMAL COMPLAINT																																	
15. PERSONS FILING BY OTHER APPEAL PROCEDURES																																	
16. TOTAL CONTINUED IN COUNSELING																																	

CORRECTIVE ACTION TAKEN	AGE	RACE	COLOR	RELIGION	SEX: FEMALE	SEX: MALE	NATIONAL ORIGIN	HANDICAP: PHYSICAL	HANDICAP: MENTAL	REPRISAL	TOTAL
a. AGENCY IMPROVED PERSONNEL PRACTICES											
b. PROMOTION-RETROACTIVE OR NON-RETROACTIVE											
c. TRAINING OPPORTUNITY RECEIVED											
d. REAPPOINTMENT/REINSTATEMENT											
e. REASSIGNMENT/DETAIL											
f. RESCINDING OR REDUCING OF ADVERSE ACTION											
g. PRIORITY CONSIDERATION FOR NEXT PROMOTION											
h. PERFORMANCE APPRAISAL/EVALUATION											
i. BACK PAY *($ Amount)*											$
j. ATTORNEY'S FEES *($ Amount)*											$
k. COMPENSATORY DAMAGES *($ Amount)*											$
l. LUMP SUM PAYMENT *($ Amount)*											$
m. OTHER *(Specify)*: _____											

RESOLUTION/SETTLEMENT ATTEMPT(S) OR ACCOMPLISHMENT

a. ATTEMPT PRIOR TO PRE-COMPLAINT COUNSELING
- RESOLUTION *(Oral)* ☐
- SETTLEMENT AGREEMENT ☐

b. ATTEMPTS AT PRE-COMPLAINT COUNSELING STAGE
- WITHIN 30 DAY COUNSELING PERIOD ☐
- WITHIN 60 DAY COUNSELING PERIOD ☐
- BY RESOLUTION *(Oral)* ☐
- 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 ☐

LM = LAST MONTH CM = CURRENT MONTH D = DROPPED

PREPARED BY

INSTALLATION

DATE