



National  
Aeronautics and  
Space  
Administration

# Class Discrimination Complaint

(Based on age, race, color, religion, sex, national origin  
physical or mental handicap or retaliation.)

1. AGENT'S FULL NAME	2a. HOME PHONE NO. (include area code)	2b. WORK PHONE NO. (include area code)
3. HOME STREET ADDRESS (P.O. Box or RD number)	4. CITY AND STATE (include ZIP code)	
5. NAME OF REPRESENTATIVE	6. ADDRESS OF REPRESENTATIVE	
7. NASA OFFICE WHERE YOU BELIEVE CLASS DISCRIMINATION EXISTS (include organizational designation)		

<b>8. EMPLOYMENT DATA</b>			
a. NOW WORKING IN THE FEDERAL GOVERNMENT (1) YES (if checked, complete items 8b through 8d) <input type="checkbox"/> (2) NO (if checked, continue in item 9)	b. AGENCY NAME (include your organizational designation, job title and grade)		
c. STREET ADDRESS	4. CITY AND STATE (include ZIP code)		
9. DATE MOST RECENT ALLEGED DISCRIMINATION TOOK PLACE	a. MONTH	b. DAY	c. YEAR

<b>10. REASON WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST</b>			
a. BECAUSE OF AGE (specify)	e. BECAUSE OF SEX (specify)		
b. BECAUSE OF RACE (specify)	f. BECAUSE OF NATIONAL ORIGIN (specify)		
c. BECAUSE OF COLOR (specify)	g. BECAUSE OF PHYSICAL OR MENTAL HANDICAP (specify)		
d. BECAUSE OF RELIGION (specify)	h. BECAUSE OF RETALIATION (specify)		

11. A DESCRIPTION (specifically and in detail) OF THE AGENCY PERSONNEL MANAGEMENT POLICY AND PRACTICE GIVING RISE TO THE COMPLAINT
12. A DESCRIPTION (specifically and in detail) OF THE RESULTANT PERSONNEL ACTION OR MATTER ADVERSELY AFFECTING THE AGENT

13. I HAVE DISCUSSED MY COMPLAINT WITH AN EQUAL EMPLOYMENT OPPORTUNITY COUNSELOR (see instructions) <input type="checkbox"/> (a) YES <input type="checkbox"/> (b) NO      NAME OF COUNSELOR (if item 13a is checked) _____
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14. CORRECTIVE ACTION REQUESTED
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15. SIGNATURE OF AGENT	DATE OF COMPLAINT (month, day, year)
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