FORMAL COMPLAINT OF DISCRIMINATION For use of this form, see AR 690-600; the proponent agency is OSA									
PRIVACY ACT STATEMENT (5 U.S.C. §552a)									
AUTHORITY:	Public Law 92-261								
PRINCIPAL PURPOSE:	Used for formal filing of complaints of discrimination because of race, color, national origin, religion, sex, age, physical or mental disability, and/or reprisal by Department of the Army civilian employees, former employees, applicants for employment, and some contract employees.								
ROUTINE USES:	Information will be used (a) as a data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts; (b) to respond to general requests for information under the Freedom of Information Act; (c) to respond to requests from legitimate outside individuals or agencies (Congress, White House, Equal Employment Opportunity Commission) regarding the status of an EEO complaint or appeal; or (d) to to adjudicate an EEO complaint or appeal.								
DISCLOSURE:	Voluntary, however, failure to coinadequate data on which to co	ntinue processir	ng.	m may lead to rejection of complaint on the basis of					
1. NAME (Last, First, Middle I	nitial)	2. SOCIAL SE	CURITY NUMBER	3. HOME TELEPHONE NUMBER					
4. HOME ADDRESS			5. DO YOU CURRENTLY WORK FOR THE FEDERAL GOVERNMENT?						
			NO	YES (If yes, complete 6, 6a, 6b, 7 and 8.)					
6. NAME OF AGENCY WH	ERE CURRENTLY EMPLOYED		6a. WORK TELEPHONI	E NUMBER					
6b. EMPLOYER'S ADDRES	SS (Complete information to include of	office symbol).	7. PAY PLAN/SERIES/C	GRADE					
			8. CURRENT JOB TITL	LE					
	SECT	ION I - COMPL	AINT INFORMATION						
9. REASON YOU BELIEVI origin, and/or disability.)	E YOU WERE DISCRIMINATED	AGAINST (Che	eck below all that apply. Ideni	tify specific race, color, sex, age, religion, national					
RACE	RACE COLOR			Female AGE					
DATE OF BIRTH	NAT	IONAL ORIGIN		RELIGION					
DISABILITY Mental	Ph	ysical	RE	PRISAL_					
			_	(Date(s) and type of prior EEO activity)					
				s more than one basis of alleged discrimination, list ion of discrimination. If necessary, continue on					

EXPLAIN WHEN AND HOW YOU WERE DISCRI	MINATED AGAINST (Con	nta) (IT necessary, additional s	sneets may be use	a.)				
11a. NAME OF ORGANIZATION WHERE ALLEG	GED DISCRIMINATION		ADDRESS OF ORGANIZATION WHERE ALLEGED					
OCCURRED		DISCRIMINATION OCCURRED						
12c, and 12d below.)	12a. HAVE YOU DISCUSSED THE ISSUE (s) IN BLOCK 10 WITH AN EEO COUNSELOR? NO YES (If yes, complete 12b, 12c, and 12d below.)							
12b. NAME OF EEO COUNSELOR	12c. DATE OF INITIAL OFFICIAL (YYYYMMDD)		12d. DATE NOTICE OF RIGHT TO FILE A FORMAL COMPLAINT OF DISCRIMINATION RECEIVED (YYYYMMDD)					
13. ELECTION OF REPRESENTATION								
ATTORNEY	NON-ATTORNEY	/ NO REPRESEN	NTATION					
NAME OF REPRESENTATIVE								
ADDRESS								
TELEPHONE NUMBER:	FAX:	E-MA	IL:					
14. WHAT RELIEF ARE YOU SEEKING TO RES	SOLVE THIS COMPLAIN	Γ? (State specific corrective a	action desired for e	each allegation.)				
15a. HAVE THE ISSUES IDENTIFIED IN BLOCK	(10 BEEN APPEALED T	O THE MERIT SYSTEMS	PROTECTION	BOARD (MSPB) OR FILED				
UNDER A UNION NEGOTIATED GRIEVANCE P	ROCEDURE? NO	YES (If yes, compl	ete 15b, 15c, an	d 15d below.)				
15b.	15c. DATE FILED (YYYYMMDD)		15d. MSPB OR UNION DOCKET NUMBER (If known)					
MSPB UNION NEGOTIA	ATED GRIEVANCE			BOOKET NOMBER (II KNOWN)				
16. LIST NAME(s) OF WITNESS (ES) AND BRIE	FLY STATE WHAT INFO	PRMATION WITNESS MA	Y CONTRIBUTI	E TO THE INVESTIGATION OF				
YOUR COMPLAINT.								
17a. SIGNATURE OF COMPLAINANT		17b. DATE DA FORM 2	2590 SIGNED B	Y COMPLAINANT(YYYYMMDD)				

DA FORM 2590, FEB 2004

SECTION II - TO BE COMPLETED BY THE PROCESSING EEO OFFICER (EEOO)								
18a. NAME OF COMPLAINANT		18b. SOCIAL	SECURITY NUMBER	18c. DA DOCKET NUMBER				
18d. TYPED/PRINTED NAME OF EEOO			18e. ADDRESS OF EEO OFFICE (Complete address to include office symbol)					
18f. EEOO TELEPHONE NUMBER								
18g. E	EO OFFICE FAX NUMBER							
18h. E	EOO E-MAIL ADDRESS		18i. SIGNATU	RE OF EEOO				
				T				
19a. E	DATE COMPLAINT RECEIVED (YYYYMMDD))		19b. METHOD OF DEL		-)		
19c. D	ATE COMPLAINT DEEMED FILED (YYYYM	IMDD)		IN PERSON	MAIL (postmark date (YYYYMMDD)	9)		
19d. DATE COMPLAINT ACCEPTED OR DISMISSED (YYY			YYMMDD)	FAX	OTHER			
20. ID	ENTIFY ISSUES IN BLOCK 10 BY PLACIN	G AN "A	" FOR ACCEPT	 'ED OR A " D " FOR DISN	ISSED IN APPLICABLE BOX(e	s)		
	APPOINTMENT/HIRE	E	XAMINATION/T	EST	REINSTATEMENT			
	ASSIGNMENT OF DUTIES	E'	VALUATION/APPRAISAL		REPRIMAND			
	AWARDS	Н	HARASSMENT (non-sexual)		RETIREMENT/CONSTR DISCHARGE/RESIGNAT			
	CONVERSION TO FULL TIME	Н	HARASSMENT (sexual)		SUSPENSION			
	DETAIL	P	PAY/OVERTIME		TERMINATION			
	DEMOTION	Р	PROMOTION/NON-SELECTION		TIME AND ATTENDANC	E		
	DISCIPLINARY ACTION (other)	R	REASSIGNMENT-REQUEST DENIED		TRAINING			
	DUTY HOURS	R	REASSIGNMENT-DIRECTED		TERMS/CONDITIONS O	F EMPLOYMENT		
	OTHER (Specify)							
21. RI	EMARKS							

DA FORM 2590, FEB 2004 PAGE 3 OF 3