

**NATIONAL SCIENCE FOUNDATION
INITIAL INTERVIEW FORM**

PRIVACY ACT STATEMENT (6 USC 552a)

Authority: Public Law 92-261
Principle Purpose: Formal filing of allegation of discrimination because of race, color, religion, disability, age, national origin, or reprisal.
Routine Uses: This form and the information on this form may be used (a) as data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts and may also be used to respond to general requests for information under the Freedom of Information Act, (b) to respond to legitimate outside individuals or agencies (e.g., Members of Congress, The White House, and the Equal Employment Opportunity Commission (EEOC) regarding the status of the complaint or appeal, and (c) to adjudicate complaint or appeal.
Disclosure: Voluntary, however, failure to complete all appropriate portions of this form may lead to rejection of complaint on the basis of inadequate data on which to determine if complaint is acceptable.

NOTE: This form *must be completed at first meeting with the aggrieved.* (The individual alleging discrimination is referred to as the aggrieved.) After completion and signatures for sections I and II, copies must be provided to the aggrieved. A copy must also be included in the Final EEO Counseling Report.

I. AGGRIEVED'S INFORMATION

1a. AGGRIEVED'S NAME: _____

1b. AGGRIEVED'S SEX: _____

2a. PAY PLAN/ SERIES/GRADE: _____

2b. JOB TITLE: _____

3. TELEPHONE NUMBERS: (W) _____ (Fax) _____

4. E-MAIL ADDRESS: _____

5a. HOME ADDRESS: _____

5b. HOME TELEPHONE: _____

6. ORGANIZATION (complete address * including Directorate/Division):

7. DATE OF INITIAL CONTACT WITH COUNSELOR: _____

8. DATE OF MOST RECENT ALLEGED DISCRIMINATORY ACT:

9. BASIS (please specify, e.g., race, color, reprisal (for previous EEO activity), disability, age, national origin, gender, or religion):

10. ISSUE/ALLEGED DISCRIMINATORY ACTION (be specific as to who, what, when, and where) Additional pages may be added if needed:

II. Responding Management Official (RMO)

11a. RMO NAME: _____

11b. RMO'S RNO: _____ RMO'S SEX: _____

11c. JOB TITLE: Pay Plan/ Grade/Series: _____

11d. DIRECTORATE/DIVISION:

11e. TELEPHONE NUMBER: (W) _____ (Fax) _____

11f. WORK ADDRESS: _____

11g. E-MAIL ADDRESS: _____

III. REQUESTED RELIEF: _____

INTAKE OFFICIAL

AGGRIEVED

DATE

DATE