



# Selective Service System Discrimination/Harassment/Retaliation Complaint Form

[WWW.SSS.GOV/EO](http://www.sss.gov/eo)

**To file a complaint, complete and return to SSS EEO Office, 1501 Wilson Blvd., Arlington, VA 22209.  
For more information, call (703) 605-4067 or (703) 216-5880.**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Date of Birth (if age discrimination): \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_ Office Telephone Number: \_\_\_\_\_  
 Work Location: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Nature of discrimination/harassment/retaliation:**

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Age        | <input type="checkbox"/> National Origin | <input type="checkbox"/> Harassment          |
| <input type="checkbox"/> Color      | <input type="checkbox"/> Race            | <input type="checkbox"/> Sex                 |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation     | <input type="checkbox"/> Religion            |
|                                     |  | <input type="checkbox"/> Genetic Information |

Date of alleged discrimination:

SSS Department/individual whom you believe has discriminated against you: \_\_\_\_\_

**The EEO Director maintains the discretion to determine which complaints are appropriate for Alternative Dispute Resolution (ADR).**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you want counseling?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you want mediation?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| May we contact the department/individual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Describe alleged incident (use additional sheets if necessary):**

**Remedy requested (use additional sheets if necessary):**

The information provided above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The EEO Office will contact you within 10 days from receipt of this form.**

Selective Service System. Office of Equal Employment Opportunity. 1501 Wilson Blvd., Arlington, VA 22209  
 The Selective Service System is an equal opportunity, affirmative action employer providing employment without regard to age, color, race, national origin, sex, religion, genetic information, sexual orientation, veteran's status, political affiliation or disability.