NAVSEA EEO INITIAL CONTACT (IC)FORM For use of this form, see NAVSEA EEO Program Office				1. DATE OF INITIAL CONTACT (YYYYMMDD)	
PRIVACY ACT STATEMENT (5 U.S.C. §552a)					
AUTHORITY: Public Law 92-261					
PRINCIPAL PURPOSE:	Used for processing of complaints of discrimination because of race, color, religion, sex, national origin, age, physical or mental disability, and/or reprisal by NAVSEA 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 (<i>White House, Congress, Equal Employment Opportunity Commission</i>) regarding the status of an EEO complaint or appeal; or (d) to adjudicate complaint or appeal.				
DISCLOSURE:	Voluntary, however, failure to complete all appropriate portions of the form may lead to delay in processing and/or rejection of complaint on the basis of inadequate data on which to continue processing.				
2. NAME (Last, First, Middle Initial)					
3. HOME ADDRESS & PERSONAL TELEPHONE NUMBER					
4. PERSONAL EMAIL ADDRESS			5. WORK TELEPHONE NUMBER		
6. OCCUPATION & PAY BAND					
7. INTENT TO FILE AN EEO COMPLAINT?			8. TYPE OF CONTACT		
Yes, I would like to file No, I am not interested in filing			TELEPHONIC IN-PERSON E-MAIL		
9. MATTER(s) OF CONCERN (Provide brief statement regarding who, what, when and where of alleged discriminatory event)					
10. CONTACT SUMMARY FOR OFFICE USE ONLY					
Provided general information regarding EEO complaint processing, emphasizing the <u>45-calendar day</u> prescribed time limitation for Initiating the EEO complaint process and right to representation during the EEO process, including the pre-complaint intake interview.					
OTHER(<i>Explain</i>) (Note: Contractor or Applicant Here)					
11. PRINTED NAME OF E	EO SPECIALIST 12. SIGNATURE OF EEO SPECIALIST 13. DATE (YYY				13. DATE (YYYYMMDD)
14. PRINTED NAME OF INDIVIDUAL 15. SIGNATURE OF INDIVIDUAL (If available) 16. DATE (YYYYM)					