

Subject: NOTICE OF RIGHT TO FILE A DESCRIMINATION COMPLAINT
From:
То:

This is to inform you that because the matter you brought to my attention has not been resolved, you are now entitled to file a formal discrimination complaint based on race, color, religion, sex (gender; sexual harassment; pregnancy; sexual orientation, or gender identity or transgender status), national origin, age (40 and over), physical or mental disability, equal pay/compensation, genetic information, and/or reprisal.

If you file a complaint, it must be in writing, signed, and filed via the electronic portal, **WITHIN 15-CALENDAR DAYS AFTER RECEIPT OF THIS NOTICE**, using the following DOT web address:

https://secure.dot.gov/form/eeoc

Please note that when using the E-Formal Filing¹, you must complete the form and its submission in one session, the information you input cannot be saved, but you may upload attachments to be included with your electronic submission.

A complaint shall be deemed timely if it is received on or before the expiration of the 15-calendar day filing period.

The complaints must be specific and contain only those claims discussed with me. The complaint should have dates for each allegation you make. It must also state whether you have filed a grievance under a negotiated grievance procedure, or an appeal with the Merit System Protection Board on the same claim(s). For your review, a copy of the DOT Individual Complaint of Employment Discrimination form is provided.

If you retain an attorney or any other person to represent you, you or your representative must immediately notify the Associate Director, Equal Employment Opportunity Complaints and Investigations Division, Departmental Office of Civil

¹ Due to limited Federal building access, all notices and correspondence concerning your EEO complaint will be sent via electronic transmission until further notice. We ask that you or your representative notify DOCR if your work or personal email address(es) change at any time during the course of processing your EEO complaint. Please send notification of email address changes to patricia.fields@dot.gov

patricia.fields@dot	o the following staff member: I see the	ntative will receiv	
Signature, EEO Cou	nselor	Date	
Enclosure			
I acknowledge receip	ot of this letter (DATE RECEIVI	E D).	
Signature, Aggrieved Individual		Date	
Delivery method of t	his Notice:		
☐ Hand Delivery			
	Date		
☐ Certified Mail			
	Receipt Tracking Number		
☐ Facsimile			
	Date (please attach confirmat	tion sheet)	
☐ Other			