EQUAL OPPORTUNITY AND HARASSMENT COMPLAINT FORM

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 7013, Secretary of the Army: DoDD 1350.2, Department of Defense Military Equal Opportunity (MEO) Program; DOD Instruction 1020.03 Harassment Prevention and Response in the Army in the Armed Forces; AR 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To provide a means for filing complaint based on discrimination due to (race, color, sex, religion, national origin, or sexual orientation) and harassment due to (hazing, bullying, or other discriminatory harassment). Information provided will be used to process the discrimination or harassment complaint and will be shared with the Soldiers Commander. For additional information see the System of Records Notice A0600-20 SAMR, Soldiers Equal Opportunity Investigative Files (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/).

ROUTINE USES: There are no specific routine uses anticipated for this form, however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specific in the purpose statement above.

DISCLOSURE: Voluntary, however, failure to provide all the requested information could lead to rejection of complaint for inadequate data.

1. NAME	2. RANK	3. UNIT
4. RACE/ETHNIC GROUP	5. SEX ☐ Male ☐ Female	6. DATE *(YYYYMMDD)*

PART I - COMPLAINT

7a. **NATURE OF COMPLAINT.** *(Give, in as much detail as possible, the basis for your complaint; describe the incident/behavior(s) and date(s) of the occurrence(s); the names of parties involved, witnesses, and to whom it may have been previously reported; plus, any additional information that would be helpful in resolving your complaint. I understand submitting a false EO complaint is punishable under UCMJ. Attach additional sheets, as needed.)*

7b. **REQUESTED REMEDY.** *(What do you think the final outcome should be?)*

8a. **AFFIDAVIT.**

I, _____ have read or have had read to me this statement which begins on this page *(page 1)* and ends on page _____. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections. I made the statement without threat of punishment, and without coercion, unlawful influence, or unlawful inducement. I understand submitting a false EO complaint is punishable under UCMJ.

_____
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this

_____ day of _____ , _____ at _____ .

_____ _____
(Signature of Person Administering Oath) *(Typed/Printed Name of Person Administering Oath)*

8b. **AGENCY RECEIVING COMPLAINT.**

I acknowledge receipt of this complaint from _____ *(name/rank)*

of _____ *(unit)* on _____ *(date).*

I understand I have 3 calendar days *(next drill period for reserve soldiers)* in which to refer this complaint to the appropriate commander of the complainant.

8c. NAME	8d. RANK	8e. DATE *(YYYYMMDD)*
8f. AGENCY	8g. SIGNATURE	

9a. **ACKNOWLEDGEMENT.**

I acknowledge receipt of this complaint, on behalf of *(complainant's name)* _____ ,
submitted to me by *(name, rank, alternative agency)*

_____

on _____ . I understand I have 5 calendar days (AC/RC) from the date of receipt in which to initiate an investigation into the complaint, implement a plan to prevent reprisal, and reported complaint to the first SPCMCA when processed at the battalion or company level, or first GCMCA when processed at the brigade level and above. I also have 30 calendar days (three MUTA (90 days) - for USAR) in which to complete an investigation from the acknowledge date on the DA Form 7279. The legal sufficiency review will be conducted within 14 calendar days from the date the investigation is completed.

9b. NAME	9c. RANK	9d. DATE *(YYYYMMDD)*
9e. ORGANIZATION	9f. SIGNATURE	

PART II - RESULTS OF INVESTIGATION

10a. I *(name of commander)* _____ reviewed the report of investigation into your allegations. I ☐ concur ☐ nonconcur with the findings of the investigating officer. I find that your allegations are:

☐ substantiated ☐ unsubstantiated. I base my decision on the following points:

10b. SIGNATURE OF COMMANDER	10c. DATE *(YYYYMMDD)*

PART III - ACTIONS TO RESOLVE COMPLAINT

11a. The command has done *(or will do)* the following actions to resolve this complaint and continue to prevent acts of reprisal:

11b. ADVISEMENT TO COMPLAINANT/SUBJECT: You have the right to appeal these actions to resolve the complaint. You will have 7 calendar days *(next MUTA-4 for USAR)* to submit your appeal in writing (timeline applies to both the first and second appeal requests.)

11c. SIGNATURE OF COMMANDER	11d. DATE *(YYYYMMDD)*

11e. ACKNOWLEDGEMENT BY THE COMPLAINANT AND SUBJECT(S) OF THE COMPLAINT OF FINDINGS, FEEDBACK, AND APPEALS OPTIONS

_____ _____
(Signature of Complainant) *(Date)*

_____ _____
(Signature of Subject(s) of Complaint) *(Date)*

FOR ADDITIONAL SUBJECT(S) OF COMPLAINT, USE A BLANK SHEET OF PAPER.

PART IV - APPEAL

12a. I elect to appeal the outcome of my complaint for the following reasons:

☐ Continuation sheet*(s)* is attached ☐ Continuation sheet*(s)* is not attached

12b. COMPLAINANT'S SIGNATURE	12c. DATE *(YYYYMMDD)*
12d. SUBJECT'S SIGNATURE	12e. DATE *(YYYYMMDD)*

12f. I have reviewed the complaint file, the investigative findings, and other information regarding this case. My findings are:

12g. SIGNATURE OF APPELLATE AUTHORITY	12h. DATE *(YYYYMMDD)*

12i. I acknowledge being counseled concerning the outcome of this appeal.

12j. COMPLAINANT'S SIGNATURE	12k. DATE *(YYYYMMDD)*
12l. SUBJECT'S SIGNATURE	12m. DATE *(YYYYMMDD)*