

Name of complainant/attorney representative

Address of complainant/attorney representative

City, State, Zip Code

Complaint of

First, middle initial, and last name of complainant

v.

, Secretary of the Army

Name

DA Docket Number(s):

Dear _____ :

This acknowledges receipt on _____, of your (your client's) discrimination complaint received in this office on _____ and deemed filed on _____.

I will review your (your client's) formal complaint so that I may determine the appropriate disposition of the complaint. Upon my determination whether to accept or dismiss your (your client's) formal complaint, I will notify you (and your client) and provide written notice of your (your client's) rights and the time requirements for exercising those rights.

After an initial review of your complaint, I have concluded that additional information is required prior to making the determination whether to accept or dismiss the claim(s) raised in your complaint. Please provide the following information:

If this information has not been provided within 15 calendar days from receipt of this notice, your complaint may be dismissed in accordance with 29 C.F.R. Section 1614.107(a)(7) for failure to provide relevant information.

Sincerely,

Signature block of EEO officer or appropriate official

Copy furnished:
Complainant, if represented by an attorney; or
Non-attorney representative
Agency representative

NOTES:

1. The date of receipt is the date received. The date of filing is the date the complaint was personally delivered, faxed, date postmarked if addressed to an official designated to receive complaints, or five days prior to the date of receipt if mailed to an appropriate official and the postmark is not legible.
2. This notice will be issued to complainant/representative in accordance with the service rules set forth in paragraph 1-23.
3. A copy of this notice and all certified return receipt (green) cards will be filed in the complaint file under Tab "Formal".
4. This notice will also be used to request additional clarification for vague or unclear claims.
5. The format of this sample notice may be modified to conform with local requirements.

Figure 4-1 Sample Acknowledgement of Receipt of Discrimination Complaint
(Non-Mixed and Mixed Case Complaints)