

DA Docket Number(s):

EEOC Docket Number(s):

Complainant's Name:

Address:

City, State, Zip:

Name of Attorney or Representative (if applicable):

Address:

City, State, Zip:

v.

Secretary of the Army

Processing EEO Office:

Address (include Office Symbol):

City, State, Zip:

Email address:

Phone Number:

Fax Number:

Servicing Labor Counselor:

Address (include Office Symbol):

City, State, Zip:

Email address:

Phone Number:

Fax Number:

Serviced MACOM:

Address (include Office Symbol):

City, State, Zip:

Email address:

Phone Number:

Fax Number:

Figure 8-1 Sample Cover Page For Complaint File