

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration**

INDIVIDUAL COMPLAINT OF DISCRIMINATION	
Complainant	Representative (if applicable)
Name: SSN:	Name:
Home Address:	Address:
Telephone Number (include area code): Home: () Office: ()	Telephone Number (include area code): Home: () Office: ()
Position Title:	
Employer:	
Employer's Address:	
Date of final counseling report with notice of right to file formal complaint.	
Basis or bases of alleged discriminatory treatment; e.g., race, color, sex, sexual orientation, disability (mental or physical), national origin, religion, age, or reprisal. Identify with specificity such as age (47) or physical disability (deaf.)	
Specific incident(s) or event(s) which constituted the alleged discriminatory treatment with dates. Use attachments, if necessary.	
The relief you are seeking.	
Signature:	Date

NOTE: A copy of the final counseling report with notice of right to file a formal complaint must be attached.

If you have any questions about the filing of a formal complaint, please call the SAMHSA Complaint Manager at 301-443-8844.

PRIVACY ACT STATEMENT

The authority to collect the information requested by this form is derived from 42 U.S.C. 2000e-16 et seq and 29 CFR 1614.106. The primary use of this information is to identify employees of the Substance Abuse and Mental Health Services Administration (SAMHSA), or applicants for employment with SAMHSA, who desire to pursue their informal complaints of discrimination as formal complaints. Along with any data attached, the information being collected will also be used to determine the acceptability of the complaint for further processing purposes.

Collection of your social security number, which is solely for identification purposes, is authorized under Executive Order 9397. Furnishing such information is voluntary, and the failure to do so will not be a factor in determining the acceptability of your complaint.

The information requested by this form is treated as confidential information not available for review or disclosure, with the exception of those SAMHSA or Department officials who have a need to know because of their involvement in the processing, adjudication, or informal resolution of the complaint or the monitoring of the complaint process. In addition, the requested information is reviewable by those persons outside SAMHSA or the Department who have a need to know because of their involvement in the processing or adjudication of any appeal of the complaint to the Equal Employment Opportunity Commission or Federal courts.