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n						
-	nt in the Army and Air Nation			(SEEM Use	e Only)	Filing State/Territory:
For use of this form see CN	IGBM 9601.01, the proponent agency is NGB	NGB Case Tracking Number:				
Authority: 42 U.S.C., Chapter 21, Subcha	PRIVACY ACT	STATEMEN	Т	IRR	Date:	
Principal Purpose: To document allegation	ons of discrimination in the National Guard	l (NG)		FRR	Date:	
Routine Uses: None		(-)		ADR	Date:	
Disclosure: Voluntary. However, failure t	to complete all portions of this form could a	affect the time	y pro	cessing, or re	esult in the r	ejection or dismissal of your complaint.
	INSTRU	ICTIONS				
	PART I - TO BE COMPLET Submit to Your EO					
national origin, religion, sex-gender, or discrimination complaint process or rela You are encouraged to discuss the con office staff. Fill out Part I of this form an	tus, to include NG technicians in a military pa sexual orientation, or who believe they have ated activity, may file a request to resolve dis mplaints with and to seek assistance from you d file the complaint within 180 days of the da nplaint should be filed with the unit command	been the victim crimination alle ur immediate su	n of se gation Ipervis d disc	xual harassme is. sor, unit comm rimination or t	ent, or of rep nander, mem he date that	risal for prior engagement in the bers of the chain of command or EO you became aware of the
representative. You may file with any o	ther commander in the chain of command, the plaint is filed, it will be referred to the lowest a	ie Adjutant Ger	ieral, t	he National G	uard Bureau	
1. COMPLAINANT						
a.NAME (Last, First, MI)		b. RANK	c. CO	MPONENT (A	RNG/ANG)	d. POSITION
2.SEX-GENDER (M/F)	3. RACE	4. NATIONA	LOR	IGIN	1	
5. HOME ADDRESS (Including Zip Code)		6. TELEPHO	DNE N	IUMBERS		
		a. BUSINES	S			b. HOME
7. ACTIVITY OR UNIT IN WHICH ALLEGED	8. ARE YOU (Check One) PART TIME MILITARY MEMBER AGR TITLE 32/ADOS TITLE 32 APPLICANT FOR NG/AGR MEMBERSHIP FORMER MILITARY MEMBER BENEFICIARY OF NG					
9. ALLEGED DISCRIMINATING OFFICIAL	(ADO)					
a. NAME (Last, First, MI)		b.RANK/TIT	LE			
10. REPRESENTATIVE (If any) a. NAME (Last, First, MI)		b. ADDRES	S			
11. CHECK BELOW THE BASIS (Reasons	s) FOR ALLEGED DISCRIMINATION	1				
R RACE (Check Your Race)	Black or African American White	American	India	n/Alaska Nati	ive As	sian Native Hawaiian/Pacific Islande
C COLOR (State Your Color)						
L RELIGION (State Your Religion)					
S SEX-GENDER (Sexual Harassn	nent) (Check Your Gender)	Male		Female		
χ SEXUAL ORIENTATION (Spe	ccify)					
O REPRISAL (Based Upon EO Ac		Yes		No		
N NATIONAL ORIGIN (State You	r National Origin or National Group) (Specid	fy)			-	

12. CHECK FOR SPECIFIC ALLEGATIONS AND ISSUES							
Appointment/Enlistment	Evaluation/Appraisal		Reassignment				
Assignment of Duties	Harassment		Retirement				
Awards/Decorations	a. Non-Sexual		Time and Attendance				
Disciplinary Action	b. Sexual		Training/Education				
Duty Hours	Promotion/Non-Selection		Other				
Issues: A. Number each issu B. Briefly list the alleg C. Indicate the name SAMPLE: I was discriminated a	anations, background, and evidence can be attached as support le. ged act of discrimination, the basis, and the date(s) it took place. (s) of the alleged discriminating official(s) (ADO). gainst on (date) on the basis of (Race, Religion, or other basis) when or personnel action(s). Attach additional blank sheets, if necessary.						
3.							
14. WHAT CORRECTIVE ACTION DO YOU W	IANT TAKEN TO RESOLVE YOUR COMPLAINT?						
15a. SIGNATURE OF COMPLAINANT	15b. DATE						
16. OFFICIAL RECEIVING COMPLAINT							
a. NAME							
c. SIGNATURE d. DATE							

	PART II - COMPLAINT MANAGEMENT PROCESSING									
				TO BE C	OMPLETED AT THE LOWES	ST APPLICABLE COI	MMAND LEVEL			
					COMPLETE AS /	APPROPRIATE				
1.	1. WHEN DID YOU RECEIVE THE COMPLAINT?					DATE (YYYY/MM/DD)				
2.	2. WAS THE COMPLAINT									
a.	Accepted	All		In Part	In Part					
b.	b. Referred All In Part TO WHOM?									
c.	c. Dismissed All In Part (State Reason)									
3.	AFTER REVIE	N OF THE LEA	DERSI	HIP INQUIRY I	REPORT I FIND THAT YOU	R ALLEGATIONS AR	E:			
		Substantia	ated		Unsubstan	liated	Discrimination Undetermined			
	did your not The inquiry c		OSED F	RESOLUTION	(NPR) CONCUR WITH THE	FINDINGS OF	Yes	No		
	NAME/DATE NE NAME (Last, Fi		EVEL C	OMMANDER	REVIEWED NPR:		b. DATE (YYYY/MM/I	DD)		
	DID THE JUDGE	. ,	REVIEV	N THE CASE?			DATE (YYYY/MM/DD)			
7			0405		Yes	No		N		
1.	DID THE SEEM	REVIEW THE	CASE	ſ	Yes	No	DATE (YYYY/MM/DD)		
8.	DID THE ADJU	JNTANT GEN	ERAL ((or designated	d representative) REVIEW		DATE (YYYY/MM/DD)			
9.	DATE YOU ME	T WITH MEN	IBER A		Yes ED THEM WITH NPR:	No	DATE (YYYY/MM/DD)			
10.	10. COMPLAINANT'S ELECTION TO THE NPR'S PROPOSED RESOLUTION AND REMEDY: [] Accept the Proposed Resolution and Remedy. [] Withdraw my State Informal Resolution Request. [] File a NGB Formal Resolution Request									
a. SIGNATURE OF COMPLAINANT					b. DATE (YYYY/MM/DD)					
11. THIS FORM, THE NPR, THE LEADERSHIP INQUIRY REPORT, AND ANY ACCOMPANYING DOCUMENTATION WAS FORWARDED TO NGB-EO-CMA ON:						DATE (YYYY/MM/DD				
12. REMARKS:										
10	10a. SIGNATURE OF COMMANDER					10b. DATE (YYYY/MI	M/DD)			

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PART III - NGB FRR PROCESSING						
FOR NGB-EO-CMA USE ONLY						
1. DATE FRR WAS RECEIVED FROM THE STATE:	DATE (YYYY/MM/DD)					
2. PRELIMINARY REVIEW OF NGB FRR:	ACCEPT DISMISS REMAND					
3. IF ACCEPTED: DATE INVESTIGATION REQUESTED: DATE INVESTIGATION OFFICER (IO) APPOINTED: NAME/RANK OF IO: CONTACT INFORMATION DATE INVESTIGATION WAS COMPLETED: DATE REPORT OF FINDINGS RECEIVED: DATE NGB NPR ISSUED:						
4. IF DISMISSED: DATE NOTICE OF PROPOSED DISMISSAL SENT:	DATE (YYYY/MM/DD)					
5. COMPLAINANT HEARING REQUEST: YES NO	DATE (YYYY/MM/DD)					
6. STATE HEARING REQUEST: YES NO	DATE (YYYY/MM/DD)					
7. REMARKS:						