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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

13. STATE ALLEGATION AND ISSUES (Explanations, background, and evidence can be attached as supporting material; they are NOT issues.)

- Issues: A. Number each issue.  
 B. Briefly list the alleged act of discrimination, the basis, and the date(s) it took place.  
 C. Indicate the name(s) of the alleged discriminating official(s) (ADO).

SAMPLE: I was discriminated against on (date) on the basis of (Race, Religion, or other basis) when (name the ADO) and briefly list the discriminatory event(s) or personnel action(s). Attach additional blank sheets, if necessary.

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14. WHAT CORRECTIVE ACTION DO YOU WANT TAKEN TO RESOLVE YOUR COMPLAINT?

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15a. SIGNATURE OF COMPLAINANT

15b. DATE

16. OFFICIAL RECEIVING COMPLAINT

a. NAME

b. TITLE

c. SIGNATURE

d. DATE

**PART II - COMPLAINT MANAGEMENT PROCESSING**

TO BE COMPLETED AT THE LOWEST APPLICABLE COMMAND LEVEL

COMPLETE AS APPROPRIATE

1. WHEN DID YOU RECEIVE THE COMPLAINT?					DATE (YYYY/MM/DD)	
2. WAS THE COMPLAINT						
a.	Accepted		All		In Part	
b.	Referred		All		In Part	TO WHOM?
c.	Dismissed		All		In Part	(State Reason)
3. AFTER REVIEW OF THE LEADERSHIP INQUIRY REPORT I FIND THAT YOUR ALLEGATIONS ARE:						
Substantiated		Unsubstantiated			Discrimination Undetermined	
4. DID YOUR NOTICE OF PROPOSED RESOLUTION (NPR) CONCUR WITH THE FINDINGS OF THE INQUIRY OFFICIAL?					Yes	No
5. NAME/DATE NEXT HIGHER LEVEL COMMANDER REVIEWED NPR: a. NAME (Last, First, MI)					b. DATE (YYYY/MM/DD)	
6. DID THE JUDGE ADVOCATE REVIEW THE CASE?					Yes	No
7. DID THE SEEM REVIEW THE CASE?					Yes	No
8. DID THE ADJUTANT GENERAL (or designated representative) REVIEW THE CASE?					Yes	No
9. DATE YOU MET WITH MEMBER AND PROVIDED THEM WITH NPR:					DATE (YYYY/MM/DD)	
10. COMPLAINANT'S ELECTION TO THE NPR'S PROPOSED RESOLUTION AND REMEDY: <input type="checkbox"/> Accept the Proposed Resolution and Remedy. <input type="checkbox"/> Withdraw my State Informal Resolution Request. <input type="checkbox"/> 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:						
10a. SIGNATURE OF COMMANDER					10b. DATE (YYYY/MM/DD)	

<b>PART III - NGB FRR PROCESSING</b>	
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 FOR IO:    EMAIL: _____ DATE INVESTIGATION WAS COMPLETED: _____                     OFFICE PHONE: _____ DATE REPORT OF FINDINGS RECEIVED: _____                     CELL PHONE: _____ 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:	