



REQUEST FOR WOMEN & FAIR PRACTICES DEPARTMENT TO REVIEW DISCRIMINATION CASE FOR REPRESENTATION

Thank you for coming to the Women and Fair Practices Department for assistance. Please complete this form to expedite our ability to help you. For further information, you may refer to our "Criteria for Representation" flyer, which is attached. The criteria for representation considers factors such as the type of case you have, whether the time limits have been met, and whether there is a meritorious claim or appeal. *Failure to completely and accurately fill out this document may result in a delay in the processing of your request. *DO NOT send originals*

A. COMPLAINANT INFORMATION

Name: _____

Home Address: _____

Email Address: _____ Home Phone No.: _____

Cell Phone No.: _____ Work No.: _____

When did the discriminatory action occur? _____

Was Complainant a dues-paying member at the time of the event(s)? **Y**_____ **N**_____

B. REQUEST FOR REVIEW MUST BE ENDORSED BY EITHER

NVP: Name (Print): _____ District: _____ Signature: _____	Local President: Name (Print): _____ Local No: _____ Signature: _____
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OR

Council President: Name (Print): _____ Council No: _____ Signature: _____	Local President: Name (Print): _____ Local No: _____ Signature: _____
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OR

NWAC or NFPAAC: Name (Print): _____ District: _____ Signature: _____	Local President: Name (Print): _____ Local No: _____ Signature: _____
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- What issues were raised in the Grievance?

- What EEO basis is/are included in the Grievance?

- What employee(s) were treated differently than the grievant?

- Was Arbitration Invoked? If so when

- Is the Arbitration scheduled? If so when

Please provide the following documents along with this request form:

- Proposed action and response(s) to the proposed action
- Final action issued by the agency
- If this is a failure to accommodate issue:
 - a copy of the request for accommodation
 - the decision denying the accommodation
- Grievance filed in this matter
- Agency response to the grievance
- Invoking Arbitration documentation
- Collective Bargaining Agreement
- All Agency policies, regulations, program statements, etc. the Agency is claimed to have violated
- Information Requests submitted
- Response to Information Request
- All other relevant information

2. What claims were investigated? The investigated claims are listed in the Summary section of the Report of Investigation.

3. What Claims (if any) were dismissed? Dismissed claims are claims that you included in the Formal Complaint, but the Agency did not agree to investigate in its Acceptance Letter.

4. Was there any formal or informal mediation/settlement conference/settlement communication regarding this complaint? **Y___N___**. If so:
- a. What was the Agency's most recent offer (if any)?
 - b. What was the Complainant's most recent offer (if any)?
5. Has the Agency issued a Report of Investigation (ROI)? **Y___N___**. If so, please send a **paper COPY (not the original), CD or other compatible digital media copy of the ROI with this form.**
6. Are there any documents that are not already included in the Report of Investigation that you believe should be included and will help your case? **Y___N___**. If so, for each document, please:
- a. Identify the document and the date of the document
 - b. Identify where the document can be found (do you have it or does the Agency?)
 - c. Identify which accepted claim the document is relevant to.
 - d. Explain why the document will help your case.
7. Are there any witnesses who were not interviewed but you believe should have been interviewed? **Y___N___**. Because the Agency must provide a reason for the discrimination and some witness statements may need to be discredited, you should identify management witnesses or "hostile witnesses" as well. For each witness, please:
- a. Provide the witness' name.
 - b. Explain the witness' relationship to the case (co-worker, family member, management official).
 - c. What information does the witness has firsthand knowledge of. (Did the person witness the event, receive communication regarding the event/claim or have direct knowledge of the claim?).
 - d. Provide an explanation for why you believe the witness statement will help your case.

8. Has the employee requested a formal hearing or a Final Agency Decision on this matter? If so, please identify the date of the Formal Hearing Request or Final Agency Decision was submitted.

9. If you filed an EEO or MSPB complaint:
 - a. Was a **Grievance** filed for the same issue? **Y**___**N**___.
 - b. If yes, when was the Grievance filed? _____.
 - c. What documents did you received from the Agency/EEOC/MSPB regarding your case? Attach **all** documents received from the Agency/EEOC/MSPB.

10. Was a **Merit Systems Protection Board (“MSPB”)** case filed **on** the same claim? **Y**___**N**___. If so:
 - a. Did the employee file a formal MSPB appeal? If so, when? For MSPB appeals, please send a paper or digital copy of the formal appeal with this form.
 - b. For MSPB appeals, please specifically identify all allegations other than EEO discrimination claims that were raised in the MSPB appeal.

D. MEMBER WAIVER ACKNOWLEDGMENT

While my case is being reviewed by the Women & Fair Practices Department (WFP):

_____ I understand that I am responsible for all deadlines in my case.

_____ I understand that WFP is not my representative unless WFP issues me an Acceptance Letter AND an Entry of Appearance by a WFP attorney is filed.

Member Signature

Date