



Selective Service System Discrimination/Harassment/Retaliation Complaint Form

WWW.SSS.GOV/EEO

To file a complaint, complete and return to SSS EEO Office, 1515 Wilson Blvd., Arlington, VA 22209.
For more information, call (703) 605-4005 or (703) 605-4065.

Name: _____
Street Address: _____
City, State, Zip Code: _____
Date of Birth (if age discrimination): _____
Home Telephone Number: _____ Office Telephone Number: _____
Work Location: _____
Email Address: _____

Nature of discrimination/harassment/retaliation:

- Age
- National Origin
- Harassment
- Color
- Race
- Gender
- Disability
- Retaliation
- Religion
- Genetic Information

Date of alleged discrimination: _____

SSS Department/individual whom you believe has discriminated against you: _____

The EEO Director maintains the discretion to determine which complaints are appropriate for Alternative Dispute Resolution (ADR).

Do you want counseling? Yes No
Do you want mediation? Yes No
May we contact the department/individual? Yes No

Describe alleged incident (use additional sheets if necessary):

Remedy requested:

The information provided above is true and correct to the best of my knowledge.

Signature and Date: _____

The EEO Office will contact you within 10 days from receipt of this form.

Selective Service System • Office of Equal Employment Opportunity • 1515 Wilson Blvd., • Arlington, VA 22209
The Selective Service System is an equal opportunity, affirmative action employer providing employment without regard to age, race, national origin, gender, religion, sexual orientation, veteran's status, political affiliation or disability.