

## CLAIM WORKSHEET

Worksheet version current as of October 23

**Name/Grade/Series:**

**UID/DOD ID:**

**Personal Phone:**

**Work Phone:**

**Personal E-mail:**

**Work E-mail:**

**Mailing Address:**

**Unit/Commander (CC):**

**Next Higher Unit CC:**

**SSN (Army Civillians Only):**

**Please select all basis(es) that apply to the unfair treatment you experienced:**

<b>Race</b>	<b>Color</b>	<b>Religion</b>	<b>National Origin</b>	<b>Genetic Information</b>
<b>Age DOB:</b>	<b>Sex</b>	<b>Disability (Mental/Physical)</b>	<b>Sexual Harrasment</b>	<b>Reprisal (EEO Activity as an aggrieved, complainant, witness, representative) DATE of last EEO activity:</b>

**Claim Detail (Please be brief, but specific) \*Please complete on a separate sheet of paper for any additional claims.**

**When (Date)?**

**Who/Grade/Series(name of member responsible for discrimination/harassment)?**

**-Phone/Email**

**Position/Grade of member responsible for discrimination/harassment:**

**What Specific Event Happened?**

**Where did it happen?**

**Witnesses:**

- **Name(s):**
- **Phone/Email:**
- **Information on what they may contribute:**

- **Name(s):**
- **Phone/Email:**
- **Information on what they may contribute:**

**REQUESTED RESOLUTION TO RESOLVE THE COMPLAINT:**