

**PERSONNEL APPEALS BOARD
OFFICE OF GENERAL COUNSEL
CHARGE FORM**

1. Name (last, first, middle initial)

2. Address (number and street, apartment number, city, state and zip code)

3. Home Telephone Number

4. Work Telephone Number

5. If GAO Employee

Position Title _____

Position Series _____

Grade/Band _____

Organizational Unit _____

6. If applicant for employment, provide the following information regarding the position applied for:

Position Title _____

Position Series _____

Grade/Band _____

Regional Office _____

Organizational Unit _____

7. Organizational unit in which the alleged prohibited personnel practice occurred

8. **Date on which most recent alleged prohibited personnel practice occurred**
(month, day, year)

(Check all items that apply)

9. **DISCRIMINATION**

___ **Race**, if so, identify your Race _____

___ **Color**, if so, identify your Color _____

___ **Religion**, if so, identify your Religion _____

___ **National Origin**, if so, identify your National Origin _____

___ **Sex**, if so, specify your Sex _____

___ **Age**, if so, specify your Age _____

___ **Handicapping condition**, if so, state your Handicapping condition _____

___ **Sexual Harassment**

___ **Hostile Work Environment**

10. **If your complaint relates to discrimination, have you filed a complaint with the Office of Opportunity and Inlusiveness?**

Yes _____ No _____

11. **If the answer to question 10 is yes, please provide the following information;**

Date (month, day, year) filed with O&I _____

Date (month, day, year) you received a Final Agency Decision _____

12. **Other Prohibited Personnel Practices**

___ **Discrimination for or against any employee due to political affiliation**

___ **Coerce political activity**

___ **Willful obstruction of competition for employment**

___ **Improperly influence to withdraw or to force withdrawal from competition**

- Grant of unauthorized privilege or advantage**
- Nepotism**
- Whistleblowing (reprisal for disclosure of information)**
- Reprisal for exercising appeal rights**
- Discrimination based on non-performance related conduct**
- Solicitation or consideration of improper evaluation**
- Action taken or not taken in violation of law, rule, or regulation**
[5 U.S.C. § 2302 (b) (12)]

13. Type of action upon which your claim is based (check all that apply)

- Denial of within-grade increase**
- Reduction-in-force**
- Performance Evaluation**
- Promotion**
- Transfer/Detail**
- Leave**
- Decisions concerning pay**
- Decisions concerning benefits**
- Decisions concerning awards**
- Decisions concerning training**
- Disciplinary actions (non-adverse actions i.e., reprimand, suspension for less than 14 days etc.)**
- Furlough of 30 days or less**
- Removal**
- Reinstatement**
- Involuntary Retirement**
- Restoration**
- Reemployment**
- Any other significant change in duties or responsibilities or working conditions**

___ Other

14. Collective Bargaining or Labor Relations

___ Collective bargaining agreement (appropriate units)

___ Collective bargaining issues (representation elections)

___ Negotiated grievance procedure

___ Right to representation

___ Labor organization (Unfair Labor Practices)

15. Do you have a representative or legal counsel?

Yes _____ No _____

16. If the answer to question 15 is "Yes", please provide the name, address and telephone number of your representative or legal counsel.

17. Name(s) and Title(s) of person(s), if any, responsible for the actions alleged.

18. Briefly describe the actions complained of and the reasons you believe the actions to be improper. (If more space is needed, please continue on the supplemental sheet provided.)

19. What remedy(ies) or corrective action(s) do you seek? (If more space is needed, please continue on the supplemental sheet provided.)

20. Signature

21. Date

For further information about the GAO PAB Charge Process, see 4 C.F.R. §§ 28.11 - 28.13.

SUPPLEMENTAL SHEET