

**Personnel Appeals Board
Office of General Counsel
Charge Form**

**Prohibited Personnel Practices Claims, Discrimination Claims, and
Adverse Action Appeals**

The PAB/OGC has the authority to investigate alleged violations of law within the PAB's jurisdiction to determine if there are reasonable grounds to believe that an applicable law has been violated. The PAB's jurisdiction includes the following:

- A. Commission of Prohibited Personnel Practices;
- B. Discrimination;
- C. An appeal of an Adverse Action taken, or to be taken, by GAO (whether based on performance or conduct) involving an employee's removal; suspension for more than 14 days; reduction in grade or pay; or furlough of not more than 30 days;
- D. Prohibited Political Activities; and
- E. Unfair Labor Practices.

This charge form is to be used for Prohibited Personnel Practices claims, Discrimination claims, and Adverse Action Appeals. Please contact the PAB/OGC at pabogc@gao.gov or 202-512-7507 if you wish to report Prohibited Political Activities or Unfair Labor Practices.

Directions:

This charge form is divided into four parts. You must complete Part I as well as all sections of Parts II and III that are applicable to your charge.

Part I – Charging Party Information

Part II – Claim Selections

Section A: Prohibited Personnel Practices

Section B: Discrimination

Section C: Adverse Actions

Part III – Statement of Relevant Facts

Section A: General Statement of Relevant Facts

Section B: Statement of Protected Disclosures

Part IV – Relief Request and Signature

Part I
Charging Party Information

1. Name of Charging Party:
2. Home Mailing Address:
3. Personal Telephone Number:
4. Work Telephone Number:
5. Email Address:
6. GAO Employees, please also provide:
 - Team or Office:
 - Position Title:
 - Pay Band:
 - Duty Location:
7. If you are in a position covered by a bargaining unit, have you filed a grievance through the union related to all or part of the issues contained in this charge?
 Yes No
8. Are you a probationary employee? Yes No
9. Applicants for employment, please also provide the following information regarding the position applied for:
 - Vacancy Announcement Number:
 - Position Title:
 - Position Series:
 - Grade/Band:
 - Date received notice of non-selection:

Part II - Section A
Prohibited Personnel Practices

Prohibited personnel practices are employment-related activities that are banned in the federal workforce because they violate the merit system through some form of employment discrimination, retaliation, improper hiring practices, or failure to adhere to laws, rules, or regulations that directly concern the merit system principles.

The PAB/OGC has the authority to investigate and prosecute 14 types of Prohibited Personnel Practices alleged to have been committed by GAO employees. Please select all that apply to your claim:

- (1) Discrimination (including harassment) based on: race, color, religion, sex (including pregnancy, sexual orientation or gender identity), national origin, age (40 or older), handicapping condition, marital status or political affiliation.
- (2) Soliciting or considering recommendations from someone that are not based on that individual's personal knowledge or records.
- (3) Coercing another person to engage in political activity (including the providing of a political contribution), or retaliating against someone for their refusal to engage in such political activity.
- (4) Deceiving or willfully obstructing any person's right to compete for employment.
- (5) Influencing any person to withdraw from competition for any position for the purpose of improving or injuring the employment prospects of another person.
- (6) Granting a preference or advantage that is not authorized by law, rule or regulation, to a person for the purpose of improving or injuring the employment prospects of a particular person.
- (7) Nepotism.
- (8) Taking, failing to take, or threatening to take or fail to take a personnel action with respect to an employee or applicant for employment because that person has made, or is perceived to have made, a "protected disclosure." Please also complete Part III – Section B: Statement of Protected Disclosure.

- (9) Taking, failing to take, or threatening to take or fail to take a personnel action against an employee or applicant for employment because of: (a) the exercise of any appeal, complaint or grievance right; (b) testifying for or otherwise lawfully assisting someone in the exercise of their appeal, complaint or grievance right, (c) cooperating with or disclosing information to the Inspector General or the PAB, in accordance with applicable provisions of law; or (d) refusing to obey an order that would require the individual to violate a law, rule, or regulation.

- (10) Discriminating for or against an individual on the basis of conduct that does not adversely affect the performance of the individual or others.

- (11) Violating a veterans' preference requirement.

- (12) Taking or failing to take a personnel action in violation of a law, rule or regulation (including a GAO Order) that implements or directly concerns a merit system principle.

- (13) Implementing or enforcing a nondisclosure policy, form, or agreement that does not contain the statement found at 5 U.S.C. § 2302(b)(13).

- (14) Accessing the medical record of an employee or applicant in furtherance of any conduct prohibited by the 13 other prohibited personnel practices.

Part II - Section B
Discrimination

1. The PAB has jurisdiction over discrimination claims in three circumstances, please check all that apply to your situation:

- GAO has issued a final decision rejecting the complaint of discrimination in whole or in part;
- More than 120 days has elapsed since the complaint of discrimination was filed and GAO has not issued a final decision; or
- GAO committed an Adverse Action (see Part II, Section C) for a discriminatory reason.

2. Have you filed a complaint with the Office of Opportunity and Inclusiveness (O&I)?

Yes No

3. If the answer to question 2 is yes, please provide the following information:

Date Complaint was filed with O&I:

Date you received a Final Agency Decision:

4. Please identify the basis for the illegal discrimination (including harassment):

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age (40 or older) | <input type="checkbox"/> Retaliation for participating in protected equal employment activities |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex (including pregnancy, sexual orientation or gender identity) | |
| <input type="checkbox"/> Disability | | |

Part II – Section C
Adverse Action Appeal

If you are appealing an Adverse Action that GAO has taken, or will take, please provide the following information:

1. Identify the Adverse Action at issue:

- Removal
- Suspension for more than 14 days. Length of suspension:
- Reduction in Band and/or pay. Reduced from to
- Furlough of not more than 30 days. Length of furlough:

2. Effective date of the Adverse Action(s):

3. Does the Adverse Action Appeal also involve a claim of:

- Prohibited Personnel Practice – If yes, please also complete Part II, Section A.
- Discrimination – If yes, please also complete Part II, Section B.

Part III – Section A
General Statement of Relevant Facts

1. Please provide the name(s) and title(s) of the individuals responsible for the violation(s) that you are reporting.

2. Please describe the actions or events that you are reporting. When possible, identify: (a) dates of events; (b) individuals involved; and (c) witnesses to the events.

Part III – Section B
Statement of Protected Disclosure

The disclosure was made to:

The disclosure was made on:

Method of disclosure (verbal, written, etc.):

The disclosure evidences:

- Gross mismanagement
- Gross waste of funds
- Abuse of authority
- Substantial and specific danger to public health
- Substantial and specific danger to public safety
- Violation of a law, rule or regulation.

Please identify the law, rule or regulation:

Please describe the disclosure.

Part IV
Relief Request and Signature

10. What remedy or corrective action are you seeking?

_____ Date:
Signature of Charging Party

_____ Date:
Signature of Representative
Filing on Behalf of Charging Party

If you are being represented by someone in connection with this charge, please provide the following information for your representative.

Name:

Telephone number:

Email address:

Mailing Address:

CONTINUATION SHEET