

**FEDERAL EMPLOYEE FORMAL COMPLAINT CLINIC
CLINIC AGREEMENT**

Dear Federal Employee:

Thank you for downloading this form in preparation for the formal complaint clinic. If you cannot complete this form or you have determined that the meeting will not be helpful for you, please contact me about a full refund.

I need some information from you before our meeting. Filling out this form will ensure that you understand what the purpose of this meeting. It also ensures that you are not confused about what this meeting will ultimately cover.

Please review and initial to indicate that you have read and agree with the following statements:

I. Agreement

I, the undersigned, am a federal employee, former federal employee, applicant for a federal employment position, or I am a contractor who believes I am a federal employee. I understand that if I am not a federal employee, the EEO process and this meeting will likely not benefit me.

Initials: _____

To the best of my understanding, I have contacted an EEO counselor and I have initiated the EEO counseling process. If I have not yet contacted a counselor, I will stop filling out this form and take action to initiate counselor contact.

Initials: _____

I acknowledge that I have fifteen (15) days to file a formal complaint after I receive a notice of right to file a formal complaint, also known as a notice of final interview. It is my responsibility to ensure that I comply with all deadlines in filing my formal complaint. This clinic is to review a draft formal complaint and discuss what I can do to improve it. I acknowledge that Mr. Ingram will not be responsible for filing the formal complaint or meeting any deadlines on my behalf.

Initials: _____

I acknowledge that this clinic is to review my documents and to assist me in preparing my formal complaint. We will discuss the information that I provide and how I can improve my

complaint by identifying claims and important information. However, Mr. Ingram will not draft my complaint for me. He will also not represent me on an ongoing basis. This means that Mr. Ingram will not represent me before the EEOC, the employing agency, or anyone else absent a further written agreement.

Initials: _____

I will upload a copy of this form (including the information on the following page) and a draft of the formal complaint that I have prepared using the secure file sharing platform ShareFile (link here).

Initials: _____

I acknowledge that the deposit I will make is refundable should I wish to cancel the meeting. I can also reschedule the meeting time online using the Calendly app (see the bottom of the confirmation email).

Initials: _____

By signing this document, I acknowledge that I have read and agree to the above terms and conditions.



Kyle G. Ingram

_____ dated: _____

(Please type in your full name)

FORMAL COMPLAINT CLINIC INFORMATION

Name: _____

Date: _____

Date you received your notice of right to file: _____

(you should have received a notice from the EEO office indicating you have the right to file a formal complaint)

Description of Events for the Formal Complaint:

(Please describe what events you are considering including in your formal complaint)