

PROHIBITED ACTIVITIES AND CONDUCT COMPLAINT FORM

For use of this form, see MCO 5354.1F, the proponent agency is M&RA, MPE.

PRIVACY ACT STATEMENT

AUTHORITY: Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e-16(b) and (c), MCO 5354.1F, and SORN MM000044.

PURPOSE: To permit Marine Corps personnel to submit complaints of Prohibited Activities and Conduct and to provide a record of responsive actions taken by the Command, any formal or informal investigation conducted in connection with allegations of sexual harassment or discrimination, and dates of actions and resolution efforts.

ROUTINE USES: Information will be accessed by command officials and Equal Opportunity Advisors and representatives with a "need to know" to meet the purpose. Information may be disclosed to appropriate DoD Program Officials with a need to know to address complaints outside of the Equal Opportunity program. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at <https://dpcid.defense.gov/Privacy/SORNs/index/DoD-wide-SORN-Article-View/Article/570652/mm000044>.

DISCLOSURE: Disclosure is voluntary. However, failure to complete the requested items could result in delayed command action and/or an inaccurate/incomplete analysis of the complaint.

RECORDS MANAGEMENT: This form shall be managed in accordance with record schedule 5000-98, "GRS 5.1, item 010-Administrative records maintained in any agency office".

1. NAME OF COMPLAINANT	2. RANK	3. EDIPI
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. UNIT	5. PHONE	6. EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART I TO BE COMPLETED BY THE COMPLAINANT

7. NATURE OF COMPLAINT. (Give, in as much detail as possible, the basis for your complaint, describe the incident/behavior(s) and date(s) of the occurrence(s); the names of parties involved, witnesses, and to whom it may have been previously reported; plus, any additional information that would be helpful in resolving your complaint. Attach additional sheets, as needed.)

8. Requested Remedy/Outcome: Clearly state what complaint resolution you are seeking.

9a. COMPLAINANT ACKNOWLEDGEMENT

☐ I have been counseled on the complaint process and support services available to me.

☐ I have been given the opportunity to consult with an EOA regarding my complaint.

☐ I have been advised I can request a supervised review of the final report of investigation.

☐ I have been advised of my appellate rights under MCO 5354.1F. I have the right to appeal the administrative findings of my complaint. I have 30 days (120 days for Reserve components). This appeal must be requested in writing within 30 calendar days of being provided notice of the CA's administrative findings on my complaint. If I elect not to appeal, my case will be considered closed.

☐ I have been advised to contact my chain of command, local IG, or IGMC if I perceive reprisal or retaliation.

9b. AFFIDAVIT.

I have read or have had read to me this statement which begins on this page (page 1) and ends on page __. I fully understand the statement made by me and certify the statement is true. I have initialed all corrections. I make this formal statement without threat of punishment and without coercion, unlawful influence, or unlawful inducement.

9c. COMPLAINANT SIGNATURE	9d. GRADE	9e. DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART II TO BE COMPLETED BY THE COMMANDER RESPONSIBLE FOR THE DISPOSITION**10a. COMMAND ACKNOWLEDGEMENT.**

The Command acknowledges receipt of this complaint on: _____

After careful consideration your complaint has been:

☐ Accepted for Conflict Management☐ Accepted for further inquiry/investigation comment should refer to " Complaint Resolution under MCO 5354.1F".☐ Dismissed based on: _____ No further processing under MCO 5354.1F is authorized.☐ Referred to appropriate agency for action. No further processing under MCO 5354.1F is authorized.**10b. DASH REPORT NUMBER (ACCEPTED CASES ONLY)****10c. DATE****10d. TITLE****10e. COMMAND REPRESENTATIVE SIGNATURE**

11a. I have made the following disposition decision related to this case. Provide a detailed explanation of actions taken or attempted to resolve the complaint. If an inquiry/investigation was initiated as a result of this complaint, provide the type conducted and the results. Attach additional sheets as necessary.

☐ SUBSTANTIATED☐ UNSUBSTANTIATED☐ RESOLVED☐ NOT RESOLVED**11b. Complaint Resolution. Command will detail all actions taken to resolve the complaint.****11c. SIGNATURE OF COMMANDER****11d. DATE****11e. I acknowledge being advised of the disposition decision.****11f. SIGNATURE OF COMPLAINANT****11g. DATE****PART III**

12a. VOLUNTARY WITHDRAWAL OF COMPLAINT. I request to voluntarily withdraw my complaint. By doing this, I understand I forfeit my right to receive any feedback regarding my issue.

12b. SIGNATURE OF COMPLAINANT**12c. DATE****PART IV TO BE COMPLETED BY THE APPELLATE AUTHORITY****13a. I have reviewed the complaint file, the investigative findings, and other information regarding this case. My decision on the appeal is:****13b. TITLE OF APPELLATE AUTHORITY****13c. SIGNATURE OF APPELLATE AUTHORITY****13d. DATE****13e. I acknowledge being counseled concerning the outcome of this appeal.****13f. SIGNATURE OF COMPLAINANT****13g. DATE**