



COMPLAINT FORM TO REPORT A HATCH ACT VIOLATION

For instructions or questions, call the Hatch Act Unit at (202) 804-7002.

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(Hatch Act)

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PART 1: IMPORTANT INFORMATION ABOUT FILING A COMPLAINT

INSTRUCTIONS FOR FILING A HATCH ACT COMPLAINT WITH THE U.S. OFFICE OF SPECIAL COUNSEL (OSC)

This form should be used to file complaints alleging violations of the Hatch Act. In order for us to best understand your allegations, we encourage you to fill in all the fields that you can. However, only those fields marked with an asterisk are required. If you fail to fill in a required field, your complaint cannot be processed. When providing information, please be as specific as you can, provide as much detail as possible, and attach/enclose all supporting documentation with your complaint filing. Prior to submitting your complaint to OSC, we recommend you review the information located on our [website](#). If you have any questions about this form, you may phone the Hatch Act Hotline at (202) 804-7002.

PART 2: BIOGRAPHICAL INFORMATION

* Denotes Required Fields

1. Complainant Information:

Title _____
First Name _____ Middle Initial _____
Last Name _____

2. Contact Information:

Address Location Domestic International
Address Line 1 _____
Address Line 2 _____
City _____ State _____
Zip Code _____
Cell Phone Number _____
Office Phone Number _____ Ext. _____
Home Phone Number _____
Email Address _____

Preferred means of contact:

email home phone cell phone office phone
 Please do not contact me on my office phone

3. Do you have representation? Yes No



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4. Are you referring this complaint on behalf of a government agency?

Yes No

PART 3: INFORMATION ABOUT THE INDIVIDUAL WHO ALLEGEDLY VIOLATED THE HATCH ACT (Subject)

* Denotes Required Fields

Subject's Employment Status:*

Federal government employee

State or Local government employee

Private, Nonprofit organization employee

Title: _____

Subject's First Name:* _____ Subject's Middle Initial: _____

Subject's Last Name:* _____

Employer:* _____

Position Title: _____

Subject's Address* Domestic International

Office Telephone: _____ Ext. _____

Home Telephone: _____ Other Telephone: _____

Email Address: _____

Does the Subject have knowledge of the Hatch Act?:*

Yes No Unsure

If yes, please explain why you believe the Subject knows about the Hatch Act (for example: agency training, agency distribution of brochures, flyers, e-mails, prior contact with OSC):



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SUBJECT'S SUPERVISOR'S INFORMATION

Subject's Supervisor's First Name: _____

Subject's Supervisor's Last Name: _____

Subject's Supervisor's Middle Initial: _____

Subject's Supervisor's Title: _____

Office Telephone: _____ Ext. _____

Other Telephone: _____ Fax: _____

Email Address: _____

FEDERAL FUNDING INFORMATION

1. Does the Subject's employer receive any federal funds?: Yes No
2. Is the Subject's salary paid entirely with federal funds?: Yes No
3. Does the Subject perform any duties in connection with a federally funded activity?: Yes No

If you answered "No" to both Questions 2 and 3, OSC does not have jurisdiction over your complaint. If you answered "Yes" to either Question 2 or 3, please provide the information requested below in as much detail as possible.

- a. Please describe the duties the Subject performs in connection with the federally funded activity and attach/enclose any supporting documentation with your complaint filing:

- b. Please describe the federal funding with which the Subject has a connection and attach/enclose any supporting documentation with your complaint filing :

The following questions are provided to assist you in describing the nature and source of the federal funds at issue:

-What is the name of the federal agency that awarded, distributed, or administered the funds in question?

-What is the name and/or number of the federal grant or loan?

-What is the purpose of the federal funding? (i.e., how are the funds used?)



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c. Please provide the name and contact information for an individual who has knowledge about the federal fund(s) at issue and whom OSC may contact:

Name: _____

Agency : _____

Position Title: _____

Office Telephone: _____ Fax: _____

Email Address: _____

PART 4: ALLEGED VIOLATION

* Denotes Required Fields

1. For complaints involving a Subject employed by a state, local, D.C., or nonprofit agency, which of the following actions are you alleging?*

- Using one's official authority or influence for the purpose of interfering with or affecting the result of an election.
- Coercing, attempting to coerce, commanding, or advising a state or local officer or employee to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes.
- Being a candidate in a partisan election.

2. Please provide a detailed description of the alleged violation(s) and attach/enclose any supporting documentation with your complaint filing. To process your complaint, you must provide as much detailed information as possible. Without sufficient information, we may be unable to investigate your allegation(s).*

A detailed description should include:

- a. What the Subject did that allegedly violated the Hatch Act;
- b. Where the alleged violation(s) occurred;
- c. When the alleged violation(s) took place; and
- d. Who else has knowledge that the alleged violation(s) occurred and their relationship to the Subject.

For instance, a complaint alleging that the Subject is a candidate in a partisan election for public office should include: the name of the office which the Subject seeks (for example, Council of the District of Columbia or Mayor of Baltimore, Maryland); the date of the election; the type of election (primary, special, or general); and how the election is partisan (for example: candidates are running with political party affiliation). Please note that the Hatch Act does not prohibit candidacy in a nonpartisan election. (Limit 3000 characters)



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PART 5: ATTACHMENTS TO YOUR COMPLAINT

I would like to attach documents to my complaint.

Please attach documents and/or evidence that support your allegations. Note that the space available for attachments is limited, and you will have an opportunity to make additional submissions at a later date.

To see the attachments that have been successfully added to your form, click on the paperclip icon  in the dark gray panel on the far left side of your screen. Please note that, if you print a copy of your form, the attachments will not print with it. However, any documents that appear in the paperclip panel  will be transmitted to OSC.

PART 6: OTHER ACTIONS YOU ARE TAKING

Please indicate in this section if you have reported your matter through other agencies or organizations. If so, please identify the agency or organization to which you reported the matter and provide the current status. If you have received responses regarding your matter, briefly summarize what results were communicated to you and provide our office with copies of any correspondence.

PART 7: CONSENT TO DISCLOSURE OF INFORMATION

* Denotes Required Fields

Do you consent to the disclosure of your identity to others outside OSC if it becomes necessary in taking further action on the matter?

- I consent to the disclosure of my identity on a need-to-know basis.
- I do not consent to the disclosure of my identity. (I understand my lack of consent may prevent OSC from taking further action on my complaint. Even if I do not consent, OSC may disclose my identity if required by law.)



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CERTIFICATION

* Denotes Required Fields

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both 18 U.S.C. § 1001

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

OTHER INFORMATION: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

PLEASE KEEP A COPY OF YOUR COMPLAINT. ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING.

REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.

If you would like to print and mail your complaint, please address it to:

U.S. Office of Special Counsel
1730 M Street, NW
Suite 218
Washington, DC 20036