COMPLAINT FORM TO REPORT A HATCH ACT VIOLATION

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

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
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:* ___________________________

Department name:* ___________________________

Agency:* ___________________________

Position Title: ___________________________

Subject's Address* ✔ Domestic ☐ International

Address Line 1* ___________________________

Address Line 2 ___________________________

City* ___________________________ State* ___________________________

Zip Code* ___________________________

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): ___________________________
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: ____________________________________________

PART 4: ALLEGED VIOLATION
* Denotes Required Fields

1. For complaints involving a Subject employed by the federal government, 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.
☐ Soliciting, accepting, or receiving political contributions.
☐ Being a candidate in a partisan election.
☐ Soliciting or discouraging the participation in political activity of any person who has business before their employing agency.
☐ Engaging in political activity while on duty, in any room or building occupied in the discharge of official duties, while wearing a uniform or official insignia, or while using a vehicle owned or leased by the United States government.
☐ Taking an active part in political management or political campaigns (This prohibition applies only to further restricted employees. A list of such employees can be found here or at 5 U.S.C. § 7323(b)).

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)

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.)
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