



# COMPLAINT FORM TO REPORT A HATCH ACT VIOLATION

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

## Navigation Bar

### Improper Political Activities (Hatch Act)

- About Filing a Complaint
- Biographical Information
- Information about Subject
- Alleged Violation
- Other Actions
- Attachments
- Consent

### Certification

## 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



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3. Do you have representation?  Yes  No

Title \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

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

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

Yes  No

Agency: \_\_\_\_\_

Your Position Title: \_\_\_\_\_

## 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:\* \_\_\_\_\_



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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: \_\_\_\_\_



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## 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. (Continued on next page.)



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Description of complaint.  
(Limit 1000 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 when you email or mail your complaint form. Note that you will have an opportunity to make additional submissions at a later date.

## 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 mater?

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.)



# U.S. Office of Special Counsel

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Improper Political Activities  
(Hatch Act)

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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.**

Print and mail your complaint, please address it to:

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