FOR FURTHER INFORMATION CONTACT: Chi D. Tran, Paralegal Specialist, Office of the Legal Adviser, U.S. Department of State (telephone: 202–632–6471; email: section2459@state.gov). The mailing address is U.S. Department of State, L/PD, SA–5, Suite 5H03, Washington, DC 20522–0505.

SUPPLEMENTARY INFORMATION: The foregoing determinations were made pursuant to the authority vested in me by the Act of October 19, 1965 (79 Stat. 985; 22 U.S.C. 2459), Executive Order 12047 of March 27, 1978, the Foreign Affairs Reform and Restructuring Act of 1998 (112 Stat. 2681, et seq.; 22 U.S.C. 6501 note, et seq.), Delegation of Authority No. 234 of October 1, 1999, and Delegation of Authority No. 236–3 of August 28, 2000.

# Marie Therese Porter Royce,

Assistant Secretary, Educational and Cultural Affairs, Department of State.

[FR Doc. 2020-00408 Filed 1-10-20; 8:45 am]

BILLING CODE 4710-05-P

### **DEPARTMENT OF TRANSPORTATION**

# Office of the Secretary

[Docket No. DOT-OST-2020-0003]

Agency Information Collection
Activities: Request for Comments;
Renewal of a Previously Approved
Information Collection: U.S.
Department of Transportation,
Individual Complaint of Employment
Discrimination Form

**AGENCY:** Office of the Secretary, U.S. Department of Transportation. **ACTION:** Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces that the U.S. Department of Transportation (DOT) will forward the Information Collection Request (ICR) abstracted below to the Office of Management and Budget (OMB) for renewal of a previously approved collection. The ICR describes the nature of the information collection and its expected cost and burden hours. The OMB approved the form in 2017 with its renewal required by January 31, 2020. The **Federal Register** Notice with a 60-day comment period soliciting comments on the form renewal was published on November 1, 2019 [FR Vol. 84, No. 212, page 58830]. No comments were received.

**DATES:** Comments on this notice must be received by February 12, 2020.

# FOR FURTHER INFORMATION CONTACT:

Beverly Onwubere, Associate Director, Equal Employment Opportunity (EEO) Complaints and Investigations Division (S–34), U.S. Department of Transportation, Departmental Office of Civil Rights, W78–316, 1200 New Jersey Avenue SE, Washington, DC 20590, 202–366–5988 (office), beverly.onwubere@dot.gov.

## SUPPLEMENTARY INFORMATION:

Title: Individual Compliant of Employment Discrimination Form. Form Number: DOT-F 1050-8. OMB Control Number: 2105-0556. Type of Request: Renewal of a previously approved collection.

Abstract: The DOT will utilize the form to collect information necessary to process EEO discrimination complaints filed by individuals who are Federal employees, former employees or applicants for employment with the Department. These complaints are processed in accordance with the U.S. Equal Employment Opportunity Commission's regulations, Title 29, Code of Federal Regulations, Part 1614, as amended. The DOT will use the form to: (a) Request requisite information from the applicant for processing his/ her EEO discrimination complaint; and (b) obtain information to identify an individual or his or her attorney or other representative, if appropriate. An applicant's filing of an EEO

discrimination complaint is solely voluntary. The DOT estimates that it takes an applicant approximately one hour to complete the form.

Affected Public: Federal employees, former employees, or applicants for employment with the Department.

Estimated Number of Respondents: 100 per year.

Estimated Total Annual Estimated Burden: 100 hours.

Frequency of Collection: An individual's filing of an EEO complaint is solely voluntary.

**ADDRESSES:** Send comments regarding the burden estimate, including suggestions for reducing the burden, to the Office of Management and Budget, Attention: Desk Officer for the Office of the Secretary of Transportation, 725 17th Street NW, Washington, DC 20503. Comments are invited on: Whether the proposed collection of information is necessary for the proper performance of the functions of the Department, including whether the information will have practical utility; the accuracy of the Department's estimate of the burden of the proposed information collection; ways to enhance the quality, utility and clarity of the information to be collected; and ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology. All responses to this notice will be summarized and included in the request for Office of Management and Budget approval. All comments will also become a matter of public record.

**Authority:** The Paperwork Reduction Act of 1995; 44 U.S.C. Chapter 35, as amended; and 49 CFR 1:48.

Issued in Washington, DC, on January 7,

# Charles E. James, Sr.,

Director, Departmental Office of Civil Rights, U.S. Department of Transportation.

BILLING CODE 4910-9X-P

OMBNo

#### PAPERWORK REDUCTION ACT BURDEN STATEMENT

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays valid OMB control number. The public reporting burden for this voluntary, collection of information is estimated to average 1 hour per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the U.S. Department of Transportation, Departmental Office of Civil Rights, S-34, 1200 New Jersey Avenue, SE, Washington, Dc 20590



# U.S. Department of Transportation

# INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION FORM INSTRUCTIONS

(Read the following instructions carefully before you complete this form.)
(Please complete all items on the complaint form.)

**GENERAL**: This form should be used only if you, as an applicant for employment with the Department of Transportation, or as a present or former Department of Transportation employee:

- 1) believe you have been discriminated against because of your race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age (40 years or older at the time of the event giving rise to your claim), physical or mental disability, equal pay/compensation, genetic information, or believe that you have been retaliated against for participating in activities covered under the Equal Employment Opportunity statutes; and
- have presented the matter for informal resolution to an EEO Counselor within 45-calendar days of the event giving rise to your claim, or within 45-calendar days of first becoming aware of the alleged discrimination.

IMPORTANT NOTE: In certain situations, the information provided in Part III of the attached complaint form may be used in lieu of an affidavit in the investigation of your complaint. Accordingly, the information you provide in this part should be brief, clear, and complete.

WHEN TO FILE: In accordance with 29 C.F.R. § 1614.106, your formal complaint must be filed within 15-calendar days of the date you received the Notice of Right to File a Discrimination Complaint form from your EEO Counselor. You must sign and date your complaint. If you are represented <u>by an attorney</u>, the attorney may sign the complaint on your behalf.

These time limits may be extended: 1) if you show that you were not notified of the time limits and were not otherwise aware of them, or 2) if you were prevented by circumstances beyond your control from submitting the matter within the time limits, or 3) for other reasons considered sufficient by the Department.

<u>REPRESENTATION:</u> You may have a representative of your own choosing at all stages of the processing of your complaint. However, your representative will be disqualified if such representation would conflict with the official or collateral duties of the representative. No EEO Counselor or EEO Officer may serve as a representative. (Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)

WHERE TO FILE: The complaint should be filed with the Associate Director, Equal Employment Opportunity Complaints and Investigations Division (S-34), Departmental Office of Civil Rights, 1200 New Jersey Avenue, S.E., W76-401, Washington, DC 20590. Filing instructions are contained in the Notice of Right to File a Discrimination Complaint form which was provided by your EEO Counselor. Keep a copy of the completed complaint form for your records.

(PLEASE ALSO READ THE PRIVACY ACT STATEMENT ON THE REVERSE SIDE)

### **PRIVACY ACT STATEMENT**

- FORM NUMBER/TITLE DATE: Department of Transportation Form Number 1050-8, Individual Complaint of Employment Discrimination with the Department of Transportation.
- AUTHORITY: 42 U.S.C. 2000e; 29 U.S.C. 633a; PL 95-062 as amended; 5 U.S.C. 1303 and 1304; 5 C.F.R. 5.2 and 5.3; 29 C.F.R. 1614.105 and 1614.107; and Executive Order 11478, as amended.
- 3. PRINCIPAL PURPOSES: The purpose of this complaint form, whether recorded initially on the form or taken from a letter from the Complainant, is to record the filing of a formal written complaint of employment discrimination with the Department of Transportation on the grounds of race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age, physical or mental disability, genetic information, or reprisal, and to reach a decision on the complaint. Information provided on this form will be used by the Department of Transportation to determine whether the complaint was timely filed and whether the claims in the complaint are within the purview of 29 C.F.R. Part 1614, and to provide a factual basis for investigation of the complaint.
- 4. ROUTINE USES: Other disclosures may be:
  - a. to respond to a request from a Member of Congress regarding the status of the complaint or appeal;
  - to respond to a court subpoena and/or to refer to a district court in connection with a civil suit;
  - to disclose information to authorized officials or personnel to adjudicate a complaint or appeal;
  - d. to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.
- 5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION: Formal complaints of employment discrimination must be in writing, signed by the Complainant (or attorney representative), and must identify the parties and action or policy at issue. Failure to comply may result in the Department of Transportation dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

DETACH AND KEEP THIS PAGE WHEN YOU FILE YOUR COMPLAINT

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<b>CNE DOT</b> DEPARTMENT OF TRANSPO	RTATION TO STATE OF THE PROPERTY OF THE PROPER			
C.L. The Control of t	DEPARTMENT CASE NUMBER			
INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION WITH THE DEPARTMENT OF TRANSPORTATION	FILING DATE			
PART I COMPLAINANT	IDENTIFICATION INFORMATION			
1. Name (Last, First, Middle Initial):	5. Name and Address of Organization Where You Work (If a Department of Transportation Employee):			
2. Telephone/Fax (Include Area Code):				
71	Office and Staff Symbol:			
Home: Fax:	A Security of the Committee of the Commi			
Work: Fax:	Street Address:			
E-Mail:				
<ol> <li>Present Home Address (You must notify the Departmental Office of Civil Rights of any changes to your address while the complaint is pending, or your complaint may be dismissed):</li> </ol>	City: State: Zip Code:			
**************************************	6. Employment Status in Relation to this Complaint:			
<u></u>				
Street Address	□ Applicant □ Probationary □ Career/Career Conditional			
City. State Zip Code	□ Former Employee			
4. If you are a current or former employee of the	Date Last Employed at Department  Retired			
Federal government, list your most recent title, series, and grade.	Date of Retirement			
	Specify			
Title Series Grade				
	int are true, complete, and correct to the best of my knowledge and			
Signature of Complainant or ATTORNEY Represe	entative Date			
	TION OF REPRESENTATIVE			
have to be an attorney. You may change your designation	nay choose someone to represent you. Your representative does not not a representative at a later date, but you must notify the ng of any change, and you must include the same information requested			
"I hereby designate	(Please Print Name) to serve as my			
	erstand that my representative is authorized to act on my behalf.			
9. Representative's Mailing Address:	10. Representative's Employer (If Federal Agency):			
Firm/Organization	11. Representative's Telephone/Fax (Include Area Code):			

Telephone:

Zip Code

Street Address

State

City

Fax:

DATE

12. SIGNATURE of Complainant (or ATTORNEY)

PART III ALLEGED DISCRIMINATORY ACTIONS							
13. Name and Address of Agency/office that took the action at issue (if different than item 5.)			14. If your complaint involves non-selection for a position, please complete the following:				
Offic	e and Organizational Component	-   	osition Title	Series	Grade		
Stree	t Address	l^	USERUM TREE	Serva	Grace		
City	State Zip Code	- V	icancy Announcement No.	Date Lear selection	ned of Non-		
15.	Mark below ONLY the basis(es) you believe were relied	d on t	take the actions described in				
□ R	ace (Specify)		☐ Mental Disability (Specify)				
Color (State Complexion)			Physical Disability (Specify)				
Religion (Specify)			□ Equal Pay/Compensation (Specify)				
☐ Sex (Gender, Sexual Harassment, Pregnancy, Sexual Orientation, Gender Identity, or Transgender Status)			☐ Genetic Information (Spec	cify)	······································		
· parama			Retaliation (Date(s) of pri	ior EEO Activity) _			
□N	ational Origin (Specify)						
ΞA	ge (Date of Birth)		.1		······································		
16.	Mark below $\operatorname{ONLY}$ the claim(s) you believe were relied	on to	take the actions described in	#17.	***************************************		
	1. Appointment/Hire		14. Reassignment		<del></del>		
			A. Denied B. Directed				
	2. Assignment Of Duties		15. Reasonable Accommoda  - Disability	ation	<del>-</del>		
	3. Awards		16. Reinstatement		***************************************		
	4. Conversion To Full-Time	$\dagger \Box$	17. Religious Accommodation	on.			
	5. Disciplinary Action	$\dagger \Box$	18. Retirement				
	A. Demotion B. Reprimand						
	C. Suspension						
	D. Termination E. Other						
	6. Duty Hours		19. Sex Stereotyping (LGBT- related discrimination or	ıly)			
	7. Evaluation/Appraisal	$\mid \Box$	20. Telework		***************************************		
	8. Examination/Test		21. Termination				
	9. Harassment	T	22. Terms/Conditions Of				
	A. Non-Sexual B. Sexual		Employment				
	C. Hostile Work Environment						
	(non-sexual)						
	D. Hostile Work Environment						

	10. Medical Examination		23. Time And Attendance					
	11. Pay Including Overtime		24. Training					
			*					
	12. Performance Evaluation/		25. Other					
	Appraisal							
	13. Promotion/Non-Selection	<u> </u>						
17. (	A) Describe the action taken against you that you believe	ve wa	s discriminatory; (B) Give the date the action occurred, and					
17. (A) Describe the action taken against you that you believe was discriminatory; (B) Give the date the action occurred, and the name of each person responsible for the action; (C) Describe how you were treated differently than other employees or applicants because of your race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age (40 years or older), disability (mental and/or physical), genetic information, or in retaliation for your participation in the EEO complaint process or opposition to alleged discriminatory practices; (D) indicate what harm, if any, came to you in your work situation as a result of this action. (You may attach extra sheets.)								
	9811486148681488814888148881488814888148	**********	ENDERFORMED HER OF THE PROPERTY OF THE PROPERT					
***************************************								
18. 1	What remedial or corrective action are you seeking?							
	PART IV EEO CO	UN	SELOR CONTACT					
19,	When did the most <u>recent</u> discriminatory event occur?		. When did you receive your Notice of Right to File a scrimination Complaint?					
Mont	h Day Year							
			onth Day Year					
	When did you first become aware of the alleged in ination?		On this same matter, have you filed a grievance or appeal der:					
uisci	Month Day Year	tan.	der.					
21. 3	When did you contact an EEO Counselor?		- Negotiated Grievance procedures 🗆 YES 🗆 NO					
Mont	h Day Year		- Agency grievance procedure   YES  NO					
	Did you discuss ALL actions raised in item 17 with an	-	- MSPB appeal procedure    YES INO					
EEO Counselor?   VES   NO  If you filed a grievance or appeal, provide date filed, case								
(If no, explain on attached sheet) number, and present status.								
23. Name and Telephone number of EEO Counselor								
	None Tolombone No							

[FR Doc. 2020–00283 Filed 1–10–20; 8:45 am]

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