



Claim Form

Instructions

All claims alleging a violation(s) of the Congressional Accountability Act of 1995 (CAA), as amended by the Congressional Accountability Act of 1995 Reform Act of 2018, are initiated by completing this Claim Form with the Office of Congressional Workplace Rights (OCWR). Using this form will help the OCWR provide you with prompt service.

You have the right to a Confidential Advisor:

IMPORTANT: You have the right to consult, at no cost to you, an OCWR Confidential Advisor to help you in filling out this Claim Form. The OCWR Confidential Advisor also can inform you about your rights and responsibilities under the CAA and the OCWR's procedures, discuss your concerns, and get information from you regarding the alleged violation(s). *(Although the OCWR Confidential Advisor is not your representative, he/she can communicate with you on a privileged and confidential basis.)*

Filing and Submission:

This form must be filed with the OCWR no later than 180 days after the date of the alleged violation(s). Filing this form initiates formal proceedings on your claim(s) alleging that the CAA has been violated. **PLEASE BE ADVISED THAT IMMEDIATELY AFTER YOU SUBMIT YOUR CLAIM FORM, WE MUST PROVIDE A COPY TO YOUR EMPLOYING OFFICE.**

Drafting the claims as described below will assist the OCWR in reviewing the claims more expeditiously and thoroughly. All claims MUST be either e-filed ([link to e-filing system](#)), emailed (OOCEFile@ocwr.gov), faxed (202-426-1913), or hand-delivered to: John Adams Building, 110 Second Street, SE, Room LA-200, Washington, DC 20540-1999.

Claim Requirements:

A claim filed with the OCWR must contain the following:

- **Section A)**
 - Your contact information, including full name, job title, home address, home phone number, cell phone number, work phone number, and at least one personal email address; and
 - Employing office's contact information, including name of the agency, city, and state.

Office of Congressional Workplace Rights
110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999
(202) 724-9250 (O) | (202) 426-1913 (F)
OOCEFile@ocwr.gov | OOCADR@ocwr.gov
www.ocwr.gov



- **Section B)**
 - Your specific allegations, including what happened, who was involved, and all relevant date(s) of the incident(s).
- **Section C)**
 - Identify the specific section(s) of the CAA that you believe your employing office violated in its actions or conduct toward you.
- **Section D)**
 - Your explanation of why the challenged conduct constitutes a violation of the specified sections of the CAA.
- **Section E)**
 - A brief statement of the remedy(ies)/outcome(s) you are seeking by filing this claim;
 - The signature of the preparer and the date this form was prepared; and
 - The signed oath or affirmation included at the end of this form.

Confidentiality:

Pursuant to section 416 of the CAA, all proceedings and deliberations of the OCWR Hearing Officers and the OCWR Board of Directors, including any related records, are confidential. Further, except as provided in sections 302(d) and 416(c)-(e) of the CAA, the OCWR shall maintain confidentiality in the confidential advising process, mediation, and the proceedings and deliberations of the OCWR Hearing Officers and the OCWR Board of Directors in accordance with sections 302(d)(2)(B) and 416(a)-(b) of the CAA. However, section 416(f) of the CAA provides that in the course of any proceeding under this title, a covered employee is not prohibited from disclosing the factual allegations underlying the covered employee's claim, and an employing office is not prohibited from disclosing the factual allegations underlying the employing office's defense to the claim.

For additional information regarding filing a claim, please refer to the OCWR website at www.ocwr.gov. If you have additional questions, please contact the OCWR at (202) 724-9250.

If you have a disability and need assistance with completing this form, please contact the OCWR.

At any time, an employee or an employing office may seek informal advice and information from the OCWR on the OCWR's procedures and on the protections, procedures, and rights and responsibilities available under the CAA. The OCWR will maintain the confidentiality of requests for such advice or information.



Section A)

Name: _____ Job Title: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address 1: _____

_____ Email Address 2: _____

Employing Office Involved: _____

Names & Titles of Officials Involved in the Alleged Conduct: _____

Employing Office's Address: _____

Employing Office's Phone Number: _____

How did you learn about the OCWR? _____

Section B) The employing office violated the CAA by engaging in the following conduct: *(Please set forth a clear and concise statement of the conduct being challenged, including the dates of the conduct and the names and titles of the individuals involved. Use additional pages if necessary.)*



Section C) By engaging in this conduct, the employing office violated the following section(s) of the CAA. (Check the circle(s) below and specify.)

For more information regarding any of these laws, please visit our website at www.ocwr.gov.

o Section 201 – Discrimination/Harassment Claims

- Race: _____
- Sex: _____
- Is this an allegation of sexual harassment? (Circle one.) Yes or No
- National Origin: _____
- Disability: _____
- Color: _____
- Religion: _____
- Age: _____
- Genetic Information: _____

o Section 202 – Family & Medical Leave

- FMLA Leave Violation
- FMLA Retaliation

o Section 203 – Fair Labor Standards

- Minimum Wage
- Overtime Pay
- Equal Pay
- Child Labor
- Lactation

o Section 204 – Employee Polygraph Protection

o Section 205 – Worker Adjustment & Retraining Notification

o Section 206 – Uniformed Services Employment & Reemployment Rights

- Army
- Reserves
- Marines
- National Guard
- Navy
- Other: _____
- Air Force

o Section 206(A) – Veterans Employment Opportunities

- Army
- Reserves
- Marines
- National Guard
- Navy
- Other: _____
- Air Force

o Section 207 – Reprisal

- Because you opposed a practice made unlawful by the CAA. Identify the unlawful practice: _____
- Because you initiated proceedings, made a charge, or testified, assisted, or participated in any manner in a hearing or other proceeding under the CAA. Identify the proceeding: _____

Section D) For each selection in Section C above, please explain why you believe that the challenged conduct constitutes a violation of the CAA. (Use additional pages if necessary.)



Section E) I request the following remedy(ies)/outcome(s) for this/these alleged violation(s):

The Claim Form was completed and prepared by:

Signature of Preparer

Date

Oath or Affirmation for Assertion(s) Made by Claimant:

I swear or affirm to the best of my knowledge, information, and belief, as formed after an inquiry which is reasonable under the circumstances, that each of the following is correct:

- No pleading, written motion, or other paper is presented for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of resolution of the matter;
- The claims, defenses, and other legal contentions herein are warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law;
- The factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further review or discovery; and
- The denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably based on belief or a lack of information.

Claimant's Signature

Date

Designated Representative's Signature*

Date

**Representatives must be designated by the claimant on a separate Notice of Designation of Representative form provided by the OCWR.*