



Office of Congressional Workplace Rights Amended Claim Form

Instructions

This form may be used by claimants to amend a claim. A claimant may file one Amended Claim Form as a matter of right, within 15 calendar days after filing of the initial (original) Claim Form, pursuant to section 4.08(d) of the Office of Congressional Workplace Rights (OCWR) Procedural Rules.

IMPORTANT: You have the right to consult, at no cost to you, with an OCWR Confidential Advisor, if you do not have a designated attorney representative. If you would like to request the assistance of the Confidential Advisor, please contact the OCWR at (202) 724-9250 or send an email to ConfidentialAdvisor@ocwr.gov.

OCWR should have assigned you a Case Number after you filed your initial Claim Form. That Case Number must be provided on this Amended Claim Form. If no Case Number has been assigned to you, please contact the OCWR at (202) 724-9250 or send an email to OCWRrefile@ocwr.gov.

Filing and Submission:

As stated above, your Amended Claim Form must be filed with the OCWR no later than 15 calendar days after the date you filed your initial Claim Form. Please be advised that immediately after you submit your Amended Claim Form, a copy will be provided to your employing office.

The Amended Claim Form must either be emailed (OCWRrefile@ocwr.gov), faxed (202-426-1913), mailed, or hand-delivered to: Office of Congressional Workplace Rights, John Adams Building, 110 Second Street, SE, Room LA-200, Washington, D.C. 20540-1999.

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

Confidentiality:

All proceedings and deliberations of the OCWR, including any records related to the proceedings and deliberations, are confidential, pursuant to 2 U.S.C. § 1382(d)(2)(B) and § 1416(a)-(b), except as provided in 2 U.S.C. § 1382(d) and § 1416(c)-(e).

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

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

(continued on the next page)

Section A:

CASE NUMBER: _____

Contact information

Name: _____

Job title: _____

Mailing address: _____

City: _____ **State:** _____ **Zip code:** _____

Preferred phone number (personal phone, if available): _____

Secondary phone number (work/home/cell phone): _____

Preferred email (personal email, if available): _____

Secondary email: _____

Employing office

Employing office involved: _____

Employing office's address: _____

City: _____ **State:** _____ **Zip code:** _____

Employing office's phone number: _____

(continued on the next page)

Section D: Please provide specific details about the alleged violation.

Date(s) of the alleged violation: _____

Place(s) of the alleged violation: _____

Name(s) & Title(s) of the individuals involved in the alleged violation: _____

Are you claiming that a Member of Congress (1) personally harassed you because of your race, color, religion, national origin, sex, gender, disability, age, or service in the military or other uniformed service; or (2) personally retaliated against you because you have raised such a claim of harassment? See 2 U.S.C. §§ 1311, 1316.

Yes

No

Select one or more: **Discrimination** **Harassment** **Retaliation**

Name of Member: _____

Section E: Does this Amended Claim Form change any or all of the remedies that you stated you are seeking in your initial Claim Form? If so, please explain what remedy(ies)/outcome(s) you are now seeking.

Declaration

You must provide an affirmation as to the truth of the assertions contained in any pleading that you file with the Office of Congressional Workplace Rights (OCWR), pursuant to 2 U.S.C. § 1401(f). All submitted documents must be signed by you personally or, if applicable, by your designated representative.* Whoever signs the document must provide a mailing address, an email address, and a telephone number.

By submitting this Amended Claim Form to the OCWR, you and/or your representative are certifying that to the best of your knowledge, information, and belief:

- (1) it is not being presented for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of resolving the matter;
- (2) the claims, defenses, and other legal contentions you are advocating are warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law;
- (3) 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
- (4) 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.

If, after notice and a reasonable opportunity to respond, the OCWR determines that these requirements have been violated, the OCWR may impose an appropriate sanction for such violation.

By signing this Declaration, you and/or your representative affirm that you have read, understand, and will comply with the above-stated requirements.

Claimant's signature

Date

Representative's signature

Date

**If you have a representative, you must designate that representative on a separate Notice of Designation of Representative Form provided by the OCWR.*