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## 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](mailto: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](mailto: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](mailto: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.

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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](http://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](http://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 B:** Please select the basis(es) of your amended claim that differs from the initial claim. From the following provisions of the CAA, check all that apply. (For any alleged violation(s) under 2 U.S.C. § 1311, please fill out the relevant information – for example, “Sex: Female”; “Age: 53”; etc.)

**Select one or more:**

<b>(box) Discrimination</b>	<b>(box) Harassment</b>	<b>(box) Both (2 U.S.C. § 1311)</b>
(box) Race: _____	(box) Color: _____	
(box) Religion: _____	(box) National Origin: _____	
(box) Sex: _____	(box) Gender: _____	
(box) Sexual harassment your sex: _____ sex of the person you believe harassed you: _____		
(box) Disability: _____	(box) Age: _____	

**(box) Family and Medical Leave (2 U.S.C. § 1312)**

(box) Leave denial or Interference (box) Retaliation

**(box) Fair Labor Standards (2 U.S.C. § 1313)**

(box) Minimum wage	(box) Overtime pay
(box) Equal pay	(box) Child labor
(box) Lactation	(box) Other

**(box) Employee Polygraph Testing Protection (2 U.S.C. § 1314)**

**(box) Notification of Office Closings or Mass Layoffs (2 U.S.C. § 1315)**

**(box) Uniformed Services Employment & Reemployment Rights (2 U.S.C. § 1316)**

(box) Army	(box) Marines	(box) Navy	(box) Air Force
(box) Reserves	(box) National Guard	(box) Other	

**(box) Veterans' Employment Opportunities (2 U.S.C. § 1316(a))**

(box) Army	(box) Marines	(box) Navy	(box) Air Force
(box) Reserves	(box) National Guard	(box) Other	

**(box) Reprisal (2 U.S.C. § 1317)**

(box) I opposed a practice made unlawful by the CAA.  
 (box) I initiated proceedings, filed a claim, or testified, assisted, or participated in a hearing or other proceeding under the CAA.

**(box) Genetic Information Nondiscrimination and Privacy (2 U.S.C. § 1302(c))**



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

*Complete one or both of the next section(s) only if you are claiming that the individual(s) involved in the alleged violation was either a) a Member of Congress or b) a senior staff employee of the House of Representatives or the Senate.*

**a) 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 intimidated, retaliated, or discriminated against you because you have raised such a claim of harassment?

Yes  No

If you answered “Yes” to the question immediately above, then select one or both box(es) that best describe(s) your allegation against the Member of Congress:

Harassment

Intimidation, Retaliation, and/or Discrimination Due to a Claim of Harassment

**b) Are you claiming that a senior staff employee of the House of Representatives or the Senate:**

- (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?

Yes  No

If you answered “Yes” to the question immediately above, then select one or both box(es) that best describe(s) your allegation against a senior staff of the House or Senate:

Harassment

Intimidation, Retaliation, and/or Discrimination Due to a Claim of Harassment



(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.

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**Claimant's signature**

**Date**

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**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.*