



Office of Congressional Workplace Rights Amended Claim Form

Instructions

You may use this form to amend your initial (original) claim. You are allowed to file only one amended claim form as a matter of right, within 15 calendar days after you filed your 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 with an OCWR Confidential Advisor. The Confidential Advisor is an experienced employment law attorney with extensive knowledge of the employee protection laws applied by the Congressional Accountability Act (CAA). The Confidential Advisor may discuss employees' workplace concerns and inform them of their rights and options under the CAA and the OCWR's procedures. The Confidential Advisor also may help employees draft a claim, but may not represent them in any proceeding. The Confidential Advisor will provide these services, at no cost, on a privileged and confidential basis.

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.

Case number:

OCWR should have assigned a case number for you after you filed your initial claim. You must provide that case number on this amended claim form. If no case number has been assigned to your claim, please contact the OCWR at (202) 724-9250 or send an email to OCWRrefile@ocwr.gov.

Filing and Submission:

As stated above, you must file your amended claim form 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.**

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

The amended claim form must either be emailed (OCWRefile@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.

Confidentiality:

The OCWR shall maintain confidentiality in the confidential advising process, mediation, and in all proceedings and deliberations of the OCWR Hearing Officers and the OCWR Board of Directors, including any related records, in accordance with 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). However, during the course of any proceeding under the CAA, a covered employee is not prohibited from disclosing the factual allegations underlying the claim, and an employing office is not prohibited from disclosing the factual allegations underlying the employing office's defense to the claim. 2 U.S.C. § 1416(f).

At any time, an employee or an employing office may seek information 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 information.

For more information about filing an amended 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 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:

(box) Discrimination **(box) Harassment** **(box) Both (2 U.S.C. § 1311)**

(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) Air Force (box) Army (box) Marines

(box) National Guard (box) Navy (box) Reserves (box) Other

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

(box) Air Force (box) Army (box) Marines

(box) National Guard (box) Navy (box) Reserves (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

Office of Congressional Workplace Rights

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 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.*