



---

# Office of Congressional Workplace Rights

## Administrative Dispute Resolution Amended Claim Form

### Instructions

You may use this form to amend your initial (original) administrative dispute resolution (ADR) 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.

You have the right to consult with an OCWR Confidential Advisor to discuss your concerns prior to submitting an amended claim. The Confidential Advisor is an experienced employment law attorney with broad knowledge of the laws applied by the Congressional Accountability Act (CAA), and the OCWR's ADR procedures to resolve claims. If you are not represented by an attorney, the Confidential Advisor also may help you draft a claim. The Confidential Advisor may not represent any party in a proceeding. The services of the Confidential Advisor are provided 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 e-mail to [ConfidentialAdvisor@ocwr.gov](mailto:ConfidentialAdvisor@ocwr.gov)**

#### **Case number:**

The 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 e-mail to [OCWRrefile@ocwr.gov](mailto: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**

---

Office of Congressional Workplace Rights  
John Adams Building, 110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999  
(202) 724-9250 (O) | (202) 426-1913 (F)  
[ocwr.gov](http://ocwr.gov)

**immediately after you submit your amended claim form, a copy will be provided to your employing office.**

The amended claim form must either be e-filed (<https://socrates.ocwr.gov>), e-mailed ([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.

**Confidentiality:**

The confidential advising process, mediation, and all proceedings and deliberations of the OCWR Hearing Officers and the OCWR Board of Directors, including any related records, are confidential, 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 [ocwr.gov](http://ocwr.gov). If you have any additional questions, please contact the OCWR at (202) 724-9250.

***If you need assistance to complete this amended claim form, please contact the OCWR.***

---

**Office of Congressional Workplace Rights**

John Adams Building, 110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999  
(202) 724-9250 (O) | (202) 426-1913 (F)

[ocwr.gov](http://ocwr.gov)

**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 e-mail (personal e-mail, if available):**

**Secondary e-mail:**

**Employing office**

**Employing office involved:**

**Employing office's address:**

**City: State: Zip code:**

**Employing office's phone number:**

---

**Office of Congressional Workplace Rights**

John Adams Building, 110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999  
(202) 724-9250 (O) | (202) 426-1913 (F)

[ocwr.gov](http://ocwr.gov)

**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).

**Select one or more:**

<b>Discrimination</b>	<b>Harassment</b>	<b>Both (2 U.S.C. § 1311)</b>
Race:		Color:
Religion:		National origin:
Sex:		Gender:
Disability:		Age:
Sexual harassment		

**Pregnant Workers Fairness Act**

Reasonable accommodation because of pregnancy, childbirth or related medical conditions.

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

Leave denial or Interference	Retaliation
------------------------------	-------------

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

Minimum wage	Overtime pay	Equal pay
Child labor	Lactation	Other

**Employee Polygraph Testing Protection (2 U.S.C. § 1314)****Notification of Office Closings or Mass Layoffs (2 U.S.C. § 1315)****Office of Congressional Workplace Rights**

John Adams Building, 110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999  
(202) 724-9250 (O) | (202) 426-1913 (F)

[ocwr.gov](https://ocwr.gov)

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

Name of branch of service:

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

Name of branch of service:

**Reprisal (2 U.S.C. § 1317)**

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

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

Please write a clear statement of the action or conduct being challenged, including the date(s) and place(s) of the action or conduct, and the name(s) and title(s) of the individual(s) involved. Also explain why you believe that the action or conduct you are describing violates the relevant section(s) of the CAA. (Attach additional pages if necessary.)

---

**Office of Congressional Workplace Rights**

John Adams Building, 110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999  
(202) 724-9250 (O) | (202) 426-1913 (F)

[ocwr.gov](https://ocwr.gov)

**Section D**

Please provide specific details about the alleged violation.

**Date(s) of the alleged violation:**

**Location(s) of the alleged violation:**

**Name(s) and 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;

Yes            No

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 either question in a, then select one or both box(es) that best describe(s) your allegation against the Member of Congress:

Harassment

Intimidation and retaliation, and/or discrimination due to a claim of harassment

---

**Office of Congressional Workplace Rights**

John Adams Building, 110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999  
(202) 724-9250 (O) | (202) 426-1913 (F)

[ocwr.gov](https://ocwr.gov)

**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;

Yes                      No

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 either question in b, then select one or both box(es) that best describe(s) your allegation against a senior staff of the House or Senate:

Harassment

Intimidation and retaliation, and/or discrimination due to a claim of harassment

**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.

---

**Office of Congressional Workplace Rights**

John Adams Building, 110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999  
(202) 724-9250 (O) | (202) 426-1913 (F)

[OCWR.GOV](https://ocwr.gov)

## 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 e-mail 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) This claim 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.

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 – Form 1.07\(a\)](#) provided by the OCWR.*

---

**Office of Congressional Workplace Rights**

John Adams Building, 110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999  
(202) 724-9250 (O) | (202) 426-1913 (F)

[ocwr.gov](http://ocwr.gov)