



Office of Congressional Workplace Rights Claim Form

Instructions

You may use this form to file a claim with the Office of Congressional Workplace Rights (OCWR). Claims must allege violation(s) of the Congressional Accountability Act (CAA), 2 U.S.C. § 1302(c); 2 U.S.C. §§ 1311-1317.

The OCWR's role is to be a neutral fact-finder and to resolve claims as promptly as possible. The OCWR does not act as an advocate for either party during the process. The OCWR essentially has two options for resolving claims, either through mediation or adjudication.

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 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.

Filing and Submission:

Your claim must be filed no later than 180 days after the alleged violation(s) of the CAA. You must either be an employee, a former employee, an applicant, an intern, a detailee, or a fellow of the legislative branch at the time of the violation(s).

After you submit your claim form, an electronic copy will be available to you in your secure claim folder created by the OCWR on an online platform. The OCWR will provide you a link to your secure claim folder via email.

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

Please be advised the OCWR also will provide a copy of your claim form to the employing office. Your claim will be processed in accordance with the CAA and the OCWR Procedural Rules. You have the option to either pursue voluntary mediation or adjudication of your claim for resolution of your dispute.

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

Amending your claim:

You may file only one amended claim within **15 CALENDAR DAYS** after the filing of the initial claim form. OCWR Procedural Rule § 4.08(d).

Please contact the OCWR if you have any questions about your right to amend a claim.

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 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 claim form, please contact the OCWR.

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Claim Requirements:

It is important you complete this Claim Form thoroughly, providing all required information and describing the facts and circumstances that you believe violated your rights under the CAA. A claim filed with the OCWR must contain the following:

- **Section A:**
 - Your contact information, including full name, job title, mailing address, preferred phone number, secondary phone number, and at least one personal email address, if available; and
 - Information about the employing office involved, including the employing office's address and phone number.
- **Section B:**
 - The basis(es) of your claim and the specific section(s) of the CAA that applies.
- **Section C:**
 - A description of the action or conduct that happened and why you believe it violates the section(s) of the CAA you specified.
- **Section D:**
 - Specific details about the alleged violation.
- **Section E:**
 - A brief statement of what you expect out of your claim;
- **Declaration:**
 - The **signed declaration** included at the end of this form.

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Section A:

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 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

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.*

Note: Once you submit this claim form, you will no longer be able to make changes to this form. You will be able to access an electronic copy of your claim form via a link provided to you by the OCWR. You have the right to amend your claim within 15 calendar days of filing the initial claim. For more information on how to amend your claim, please contact the OCWR at (202) 724-9250 or visit our website at www.ocwr.gov.