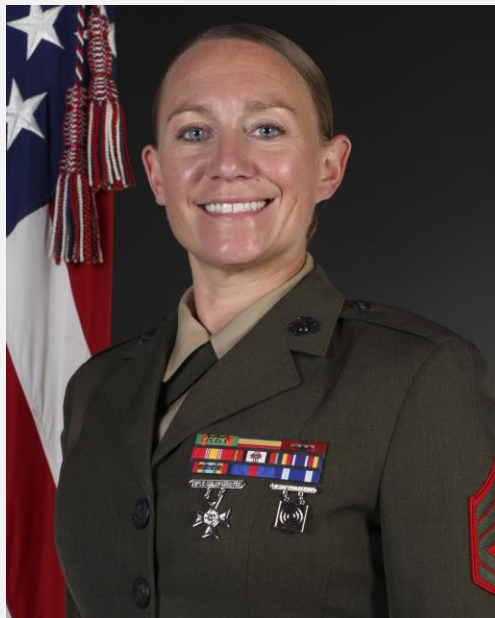




4TH MARINE CORPS DISTRICT

“THE FUTURE OF THE CORPS”



EQUAL OPPORTUNITY ADVISOR (EOA)

GUNNERY SERGEANT

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DSCC COLUMBUS, OH

BLDG 11/21

MILITARY EQUAL OPPORTUNITY PROGRAM

Prohibited discriminatory and harassment practices within the Marine Corps are counter-productive, unacceptable, and will not be tolerated. The Marine Corps will maintain a culture of dignity, care, and concern in which all members of the organization are afforded equal treatment and opportunity to achieve their full potential based upon individual merit, fitness, intellect, and ability. All Service members will cultivate an environment free from prohibited activities and conduct (PAC).

PAC includes: Bullying, Harassment, Sexual Harassment, Hazing, and Prohibited Discrimination based on race, color, national origin, religion, sex (including pregnancy), gender identity or sexual orientation.



4TH MARINE CORPS DISTRICT

"THE FUTURE OF THE CORPS"

COMPLAINT PROCESS

Service members who wish to file complaints of PAC shall complete NAVMC Form 11512 and submit it to the EOA.

Service members may submit complaints for Commander-Directed Conflict Management (Informal), Complaint Resolution (Formal), Anonymous or Confidential Sexual Harassment. The complaint should be submitted within 90 calendar days from the most recent incident.

Service members have the option to CONFIDENTIALLY report sexual harassment. Reports should ONLY be disclosed to: EOA, VICTIM SERVICE PROVIDERS, OR HEALTHCARE PERSONNEL. Confidential complaints must submit a signed NAVMC to the EOA within 90 days of most recent incident. This WILL NOT be reported to the chain of command but WILL allow for support resources, referrals and the ability to convert to a formal complaint within 90 days of original submission.

Service members may file a complaint through:

- Equal Opportunity Advisor
- Inspector General Office- <https://hotline.usmc.mil>
- NCIS Tip Line- <https://www.ncis.nav.mil/Resources/NCIS-Tips/>
- Anonymous Complaint

CUI (When filled in) MCO 5354.1G

PROHIBITED ACTIVITIES AND CONDUCT COMPLAINT AND RESOLUTION			
For use of this form, see MCO 5354.1G, the proponent agency is M&RA, MPE.			
PRIVACY ACT STATEMENT			
AUTHORITY: Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e-16(b) and (c); 10 U.S.C. 5013; 10 U.S.C. 5041; 10 U.S.C. 1074f; 32 CFR 64.4; DoDI 1215.13; DoDI 3001.02; CJCSM 3150.13C; DoDI 6490.03; SECNAVINST 1770.5; MCO 5354.1G; MCO 7220.50B; and SORNs MD1040-3 and MMN00044.			
PURPOSE: To permit Marine Corps personnel to submit complaints of Prohibited Activities and Conduct and for command officials and Equal Opportunity Advisors to provide a record of responsive actions taken, any formal or informal investigation conducted in connection with allegations of sexual harassment or discrimination, and dates of actions and resolution efforts.			
ROUTINE USES: Information may be disclosed to appropriate DoD Program Officials with a need to know to address complaints outside of the Equal Opportunity program. A complete list and explaining routine uses is published in the authorizing SORNs available at https://dpcid.defense.gov/Privacy/SORNIndex/DOE-wide-SORN-Article-View/Article/579525/m01040-3/ and https://dpcid.defense.gov/Privacy/SORNIndex/DOE-wide-SORN-Article-View/Article/579525/mmn00044/ .			
DISCLOSURE: Disclosure is voluntary. However, failure to complete the requested items could result in delayed command action and/or an inaccurate/incomplete analysis of the complaint.			
RECORDS MANAGEMENT: This form shall be managed in accordance with record schedule 5000-98, "GRS 5.1, Item 010-Administrative records maintained in any agency office".			
PART IA TO BE COMPLETED BY THE COMPLAINANT			
1. ROLE	2. NAME OF COMPLAINANT (Last, First MI)	3. RANK	4. EDIPI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. COMPONENT	6. UNIT	7. PHONE	8. EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9a. NATURE OF COMPLAINT. (Provide a detailed description, the basis for your complaint, describe the incident/behavior(s) and date(s) of occurrence(s); the names of parties involved, witnesses, and to whom it may have been previously reported; plus, any additional information that would be helpful in resolving your complaint, and requested remedy/outcome conflict management or complaint resolution.) Initial next to alleged behaviors and requested outcome.			
9b. <input type="checkbox"/> Harassment <input type="checkbox"/> Bullying <input type="checkbox"/> Hazing <input type="checkbox"/> Prohibited Discrimination <input type="checkbox"/> Sexual Harassment			
9c. <input type="checkbox"/> Formal Resolution <input type="checkbox"/> Conflict Management			
PART IB TO BE COMPLETED BY THE EQUAL OPPORTUNITY ADVISOR AND COMPLAINANT			
10a. EQUAL OPPORTUNITY ADVISOR (EOA) COMPLAINT INTAKE AND SAFETY ASSESSMENT. The EOA acknowledges complaint receipt on:			
10b. COMPLAINANT ACKNOWLEDGEMENT. After being counseled, initial by each applicable section. (Date)			
<input type="checkbox"/> I have been counseled on the complaint process and services available to me.		<input type="text"/> (Date)	
<input type="checkbox"/> I have been advised I can request a supervised review of the investigation.		<input type="text"/> (Date)	
<input type="checkbox"/> I have been advised of my appellate rights under MCO 5354.1G.		<input type="text"/> (Date)	
<input type="checkbox"/> I am aware I must contact my local IG or IGM if I perceive reprisal or retaliation.		<input type="text"/> (Date)	
<input type="checkbox"/> I'm making a confidential report (for sexual harassment only).		<input type="text"/> (Date)	
10c. AFFIDAVIT. I have read or have had read to me this statement which begins on this page. I fully understand the statement made by me and certify the statement is true. I have initialed all corrections. I make this formal statement without threat of punishment and without coercion, unlawful influence, or unlawful inducement.			
10d. COMPLAINANT SIGNATURE		10e. Grade	10f. DATE
<input type="text"/>		<input type="text"/>	<input type="text"/>
11. EQUAL OPPORTUNITY ADVISOR ACKNOWLEDGEMENT			
11a. EQUAL OPPORTUNITY ADVISOR SIGNATURE		11b. DATE	
<input type="text"/>		<input type="text"/>	
12. EQUAL OPPORTUNITY ADVISOR RELAYED TO REQUIRED OFFICE.			
12a. EQUAL OPPORTUNITY ADVISOR SIGNATURE		12b. DATE	
<input type="text"/>		<input type="text"/>	



EQUAL OPPORTUNITY COMPLAINT PROCESS

