



Office of Congressional Workplace Rights Administrative Dispute Resolution (ADR) Claim Form

Instructions on how to complete this claim form and how to obtain help are provided at the end of this form.

Section A: Information about you and the employing office

1. Your full legal name: Last: _____ First: _____ Middle: _____
2. Preferred mailing address: _____
City: _____ State: _____ Zip code: _____
3. Preferred phone number: _____
4. Preferred email: _____
5. Legislative branch employing office that this claim is filed against:

6. Your employment status: applicant current employee former employee unpaid staff
7. If this claim is filed against the Library of Congress, have you filed a formal complaint with the Library’s Office of Equal Employment Opportunity and Diversity Programs concerning the same issues that are raised in this claim form? Yes No My claim is not filed against the Library of Congress
If yes, indicate the date that you filed the formal complaint: _____
8. Is this claim form intended to replace or amend a claim form that you have already filed with OCWR?
 Yes No
If yes, include the case name, case number, and date filed:

Section B: Information about your claim

9. Date(s) or date range that the alleged violation(s) of the Congressional Accountability Act (CAA) occurred.
IMPORTANT: Please list the most recent date first.

10. Check all that you believe apply to your claim:
 - (a) **Unlawful Discrimination:**
 - (i) I have been unfairly treated, at least in part, because of my:
 - Race or color (ethnicity)
 - National origin
 - Religion or religious beliefs

- Sex (could include biological status as a male or female; sexual orientation; and gender or gender identity)
- Pregnancy or pregnancy-related condition (including lactation)
- Age (I am 40 years of age or older)
- Disability or perceived disability
- Genetic information, my family medical history, or my participation in genetic services such as testing
- Uniformed service
- Lie detector test results or my refusal to take a lie detector test

(ii) Because of what I checked off above, I experienced the following actions:

- My colleagues were treated differently or more favorably than I was.
 - I was subjected to harassment or a hostile work environment.
 - I was fired, denied a job, or denied a promotion or other employment opportunity.

(See “Note concerning claims of disparate treatment discrimination, harassment, or hostile work environments” in the instructions.)
- The employing office’s seemingly neutral policy or practice had a disproportionately negative effect on me and other employees in my protected class. (See “Note concerning claims of disparate impact discrimination” in the instructions.)
- I was denied a reasonable workplace change that would accommodate my:
 - Religious beliefs
 - Disability
 - Pregnancy
 - Pregnancy-related condition
- I was asked improper questions about, or I was improperly asked to disclose protected information concerning my genetic information or my participation in genetic services, such as testing.
- Before I received a conditional offer of employment, I was asked improper questions about, or I was improperly asked to disclose protected information concerning my disability or perceived disability.
- Before I received a conditional offer of employment, I was asked improper questions about, or I was improperly asked to disclose protected information concerning my criminal history. (See “Note concerning alleged violations of the Fair Chance to Compete for Jobs Act” in the instructions.)

(b) Unlawful Reprisal: I suffered an adverse employment action because I:

- opposed a practice made unlawful by the CAA
- initiated proceedings, made a charge, or testified, assisted, or participated in a hearing or other proceeding under the CAA

- (c) **Family and Medical Leave:** I was denied or my employing office interfered with my entitlement to:
- protected family and medical leave
 - paid parental leave
- (d) **Fair Labor Standards:** I did not receive:
- the federal minimum wage
 - overtime pay
 - equal pay for equal work, because of my sex
- (e) **Notification of Office Closings or Mass Layoffs:**
- I did not receive advance written notice of an office closure or a mass layoff.
- (f) **Uniformed Services Employment and Reemployment Rights:** I was:
- denied my leave request to perform my obligations as a member of the uniformed services
 - denied the right to be reemployed in my civilian job that I left to perform uniformed service
 - not restored the benefits I would have received if I had not been absent due to uniformed service
- (g) **Veterans' Preference:**
- As an eligible veteran, I was entitled to preferential consideration for a federal job in the legislative branch, but I did not receive such consideration.
- (h) **Polygraph Protections:**
- I was required or asked to take a lie detector test.
 - I was asked about the results of a lie detector test.
 - My employing office used the results of a lie detector test.

Section C: Claims concerning Members of Congress and senior staff

11. Are you claiming that a Member of Congress:

- personally harassed you? yes no
- personally intimidated, retaliated, or discriminated against you because you raised a claim of harassment? yes no

Name of the Member: _____

12. Are you claiming that a senior staff of the House of Representatives or the Senate:

- personally harassed you? yes no
- personally intimidated, retaliated, or discriminated against you because you raised a claim of harassment? yes no

Name of senior staff: _____

Declaration

I certify that all of the statements made in this form and any attachments are true, complete, and correct to the best of my knowledge and belief.

Claimant's signature

Date

Representative's signature*

Date

** I understand that claim forms cannot be processed without the claimant's signature unless the claimant designates a representative and the representative signs the claim form. [Notice of Designation of Representative](#) form is available on the OCWR website.*

Please note that any statements that violate [2 U.S.C. § 1401\(f\)](#) can serve as the basis for dismissal of your claim or other sanctions.

Instructions for Completing the ADR Claim Form

Use this form to file a claim with the Office of Congressional Workplace Rights (OCWR) alleging violations of the [Congressional Accountability Act](#) (CAA). See 2 U.S.C. § 1302(c); 2 U.S.C. §§ 1311-1317.

The claim form may be completed and emailed to OCWRrefile@ocwr.gov, or hand-delivered or mailed to: Office of the Clerk, Office of Congressional Workplace Rights, John Adams Building, 110 Second Street SE, Room LA-200, Washington, DC 20540-1999.

CAA claims must be filed during the 180-day period that begins on the date of the alleged violation. See 2 U.S.C. § 1402.

IMPORTANT: The employing office named in your claim will be notified of the claim after you have filed it with OCWR. You will be able to access a digital copy of your claim form via a link provided to you by OCWR.

Confidential Advising Services

OCWR offers **confidential, cost-free advice and guidance** to covered employees in the legislative branch, including unpaid staff, regarding their rights and responsibilities under the CAA and OCWR's administrative dispute resolution process. The Confidential Advisor can assist you in completing this form and answer your questions. For more information, see the [Confidential Advisor](#) page on the OCWR website. **The employing office will not be notified that you have requested or received confidential advising services.**

Confidentiality

The confidential advising process, mediation, and all proceedings and deliberations of OCWR Hearing Officers and 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 may disclose the factual allegations underlying the claim, and an employing office may disclose the factual allegations underlying the employing office's defense to the claim. See 2 U.S.C. § 1416(f).

Instructions for completing Section A:

Line 5: The CAA only applies to employing offices of the legislative branch of the federal government. You **must** indicate on Line 5 the employing office that this claim is filed against in order for your claim to be processed. "Employing Office" means:

- (A) The personal office of a Member of the House of Representatives or of a Senator;*
- (B) A committee of the House of Representatives or the Senate or a joint committee;*
- (C) Any other office headed by a person with the final authority to appoint, hire, discharge, and set the terms, conditions, or privileges of the employment of an employee of the House of Representatives or the Senate;*
- (D) The Office of Congressional Accessibility Services, the United States Capitol Police, the Congressional Budget Office, the Office of the Architect of the Capitol, the Office of the Attending Physician, the Office of Congressional Workplace Rights, the Office of Technology Assessment, and the John C. Stennis Center for Public Service Training and Development;
- (E) The Library of Congress; or

(F) The United States Commission on International Religious Freedom, the China Review Commission, the Congressional-Executive China Commission, and the Helsinki Commission.

** If the employing office is an office or committee of the House of Representatives or the Senate, indicate the name of that office or committee.*

Line 8: Amending Your Claim Form. You may file one amended claim form as a matter of right within 15 calendar days after you file your initial claim form. Please contact OCWR if you have any questions about amending a claim.

Instructions for completing Section B:

Line 9: A claim alleging a violation of the CAA must be filed prior to the expiration of the 180-day period which begins on the date of the alleged violation. See 2 U.S.C. § 1402. Accordingly, including the most recent date of the alleged violation is important.

Line 10: Check all the boxes in this section that apply to your claim.

Line 10(a): If you are alleging unlawful discrimination, you must check at least one of the boxes below Line 10(a)(i) and at least one of the boxes below Line 10(a)(ii).

Note concerning claims of disparate treatment discrimination, harassment, and hostile work environments: **Disparate treatment discrimination** means that an employing office intentionally and discriminatorily singles out an individual or a group of people for unequal treatment. For example, a victim of “disparate treatment” might be someone who is denied a position or a promotion because of their race; made to feel unsafe or humiliated because of repeated remarks made by a supervisor or a coworker about women or people of color; pressured by a superior to engage in sexual activity in order to keep a job; or threatened because of their sexual orientation. **Harassment or hostile work environments** can result when managers, supervisors, coworkers, or third parties (such as clients or contractors) engage in conduct that creates an intimidating or offensive workplace. This includes, but is not limited to, offensive jokes, slurs, epithets, or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, and interference with work performance. Harassment becomes unlawful where 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

Note concerning claims of disparate impact discrimination: **Disparate impact discrimination** can occur when an employing office has a policy or practice that has the effect of discriminating and which is not related to an actual requirement of the job. This type of discrimination does not have to be intentional to be prohibited by the CAA. An example of such a policy is a lifting requirement for a job that does not actually require lifting, because such a requirement tends to exclude people with certain disabilities.

Note concerning alleged violations of the Fair Chance to Compete for Jobs Act (FCA): Claimants must use the [OCWR FCA claim form](#) to file a claim alleging violations of the FCA, codified at 2 U.S.C. § 1316b. Please contact OCWR if you have any questions about filing an FCA claim.

Lines 10(a) and 10(f): Uniformed service means the United States Army, Navy, Air Force, Marine Corps, Space Force, Coast Guard, the Commissioned Corps of the Public Health Service, and the Commissioned Officer Corps of the National Oceanic and Atmospheric Administration.

Line 10(a) and (h): A lie detector is a polygraph instrument used, or the results of which are used, for the purpose of rendering a diagnostic opinion regarding the honesty or dishonesty of an individual.

Line 10(b): Adverse employment action means an employment action that is reasonably likely to deter protected activity of either opposing a practice made unlawful by the CAA, or initiating proceedings, making a charge, testifying, assisting, or participating in a hearing or other proceeding under the CAA.

Examples of adverse employment actions include, but are not limited to, reprimanding the employee or giving a negative performance evaluation, transferring the employee to a less favorable position, purposely changing assignments, and increased scrutiny of the employee's work.

Line 10(g): Veterans' preference means the opportunity to compete under veterans' preference selection procedures for a vacant position for which an employing office accepted applications from individuals outside its own workforce.

Instructions for completing Section C:

Line 12: Senior staff means any individual who is employed in the House of Representatives or the Senate who, at the time a violation occurred, was required to file a report under title I of the Ethics in Government Act of 1978 (5 U.S.C. App. 101 *et seq.*).

Instructions for completing Section D:

Your response is limited to 35 pages, including any attachments. If you need to exceed the page limit, you may [submit a request](#) to OCWR within 15 calendar days of filing your initial claim.

If you need assistance completing this claim form, please [contact OCWR](#) at (202) 724-9250 or send an email to efilesupport@ocwr.gov.