



Office of Congressional Workplace Rights The Fair Chance to Compete for Jobs Act (FCA) 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

1. Your full legal name: Last: _____ First: _____ Middle: _____
2. Preferred mailing address: _____
City: _____ State: _____ Zip code: _____
3. Preferred phone number: _____
4. Preferred email: _____

Section B: Information about your claim

Please complete all the steps below:

Step 1: Legislative branch employing office that this claim is filed against:

Step 2: Were you an applicant for employment with an employing office within the legislative branch?

Yes [] No []

Step 3: Title of the position that you applied for: _____

- Was this position a law enforcement officer position? Yes [] No []
- Did this position require that you hold or maintain a security clearance?
Yes [] No [] I don't know []

Step 4: Date you applied: _____

Step 5: Did the employing office request that you disclose criminal history record information?

Yes [] No []

Step 6: Date of the employing office's request for criminal history record information:

Office of Congressional Workplace Rights

John Adams Building, 110 Second Street SE, Room LA-200 | Washington, DC 20540-1999 | (202) 724-9250 (O) | ocwr.gov

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Step 7: What was the nature of the request for criminal history record information?

In writing (such as a request on an employment application)

Orally (such as an oral request made during an employment interview)

Step 8: Name and title of the employee(s) who requested this information (if known):

Step 9: Did the employing office extend a conditional offer of employment to you? *(A conditional offer of employment is an offer of employment that is conditioned only upon your further response regarding your criminal record history.)* Yes No

If yes, include the date of the conditional offer of employment: _____

Step 10: When did the employing office request that you disclose criminal history record information?

Before it extended a conditional offer of employment to you.

After it extended a conditional offer of employment to you.

Not applicable.

Section C: Description of your claim

Use the space below for any additional information that you would like to provide concerning your FCA claim.

Section D: Remedies

What remedy or outcome are you seeking to resolve this FCA claim?

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
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Representative’s signature*	Date
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** 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

This form may be used by applicants for employment vacancies with employing offices in the legislative branch to file a claim with the Office of Congressional Workplace Rights (OCWR) alleging violation(s) of the [Fair Chance to Compete for Jobs Act](#) (FCA), as applied by the [Congressional Accountability Act](#) (CAA). See 2 U.S.C. § 1316b. The FCA prohibits employing offices from requesting that applicants for most jobs disclose information on their arrest and conviction history before a conditional job offer is made.

This form may **only** be used for FCA claims. Use of an individual's criminal history in making employment decisions may, in some instances, violate the anti-discrimination provisions of the CAA (whether or not it also violates the FCA). If you wish to claim that an employing office discriminated against you in its request for or use of criminal history information, you must submit that discrimination claim on the [form available](#) on the OCWR's website.

IMPORTANT:

The FCA claim form may be completed and emailed to OCWRfile@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.

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

The employing office named in your claim will be notified of your 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).

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