

**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 M01040-3 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 explanation of the applicable routine uses is published in the authorizing SORNs available at <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570625/m01040-3/> and <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570652/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.  Harassment  Bullying  Hazing  Prohibited Discrimination  Sexual Harassment

9c.  Formal Resolution  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)

I have been counseled on the complaint process and services available to me.  (Date)

I have been advised I can request a supervised review of the investigation.  (Date)

I have been advised of my appellate rights under MCO 5354.1G.  (Date)

I am aware I must contact my local IG or IGMC if I perceive reprisal or retaliation.  (Date)

I'm making a confidential report (for sexual harassment only).  (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"/>

**PART II TO BE COMPLETED BY THE COMMANDER RESPONSIBLE FOR THE DISPOSITION**

13a. COMMAND ACKNOWLEDGEMENT. The Command acknowledges receipt of this complaint on: \_\_\_\_\_ (Date)

13b. After careful consideration your complaint has been:

\_\_\_ Accepted for Conflict Management

\_\_\_ Accepted for further inquiry/investigation. Refer to "Complaint Resolution" under MCO 5354.1G.

\_\_\_ Dismissed based on: \_\_\_\_\_ No further processing under MCO 5354.1G is authorized.

\_\_\_ Referred to appropriate agency for action. No further processing under MCO 5354.1G is authorized.

13c. REPORT NUMBERS (All cases)	13d. DATE	13e. SIGNATURE OF COMMANDER
<input type="text"/>	<input type="text"/>	<input type="text"/>

14a. I have made the following decision as it relates to this case. (Commander, provide a detailed explanation of actions taken or attempt to resolve the complaint. EOA will complete for Conflict Management only.)

14b. Initial as applicable: \_\_\_\_\_ SUBSTANTIATED \_\_\_\_\_ UNSUBSTANTIATED \_\_\_\_\_ RESOLVED \_\_\_\_\_ NOT RESOLVED

14c. SIGNATURE OF COMMANDER	14d. DATE
<input type="text"/>	<input type="text"/>

15. I acknowledge being advised of the Commander's decision and/or disposition.

15a. SIGNATURE OF COMPLAINANT	15b. DATE
<input type="text"/>	<input type="text"/>

**PART III APPEALS**

16. Initial Appeal to General Courts-Martial Convening Authority (GCMCA)

\_\_\_ I elect to appeal the convening authority's administrative decision to the GCMCA. \_\_\_\_\_ (Date)

\_\_\_ I elect not to appeal the convening authority's administrative decision to the GCMCA. \_\_\_\_\_ (Date)

17. I acknowledge being counseled concerning the outcome of this appeal.

17a. SIGNATURE OF COMPLAINANT	17b. DATE
<input type="text"/>	<input type="text"/>

18. Final Appeal to SECNAV (Cases related to prohibited discrimination and sexual harassment only)

\_\_\_ I elect to appeal the convening authority's administrative decision to the SECNAV. \_\_\_\_\_ (Date)

\_\_\_ I elect not to appeal the convening authority's administrative decision to the SECNAV. \_\_\_\_\_ (Date)

19. I have been made aware of the appellate authority decision on my appeal.

19a. SIGNATURE OF COMPLAINANT	19b. DATE
<input type="text"/>	<input type="text"/>

**PART IV VOLUNTARY WITHDRAWAL**

20a. VOLUNTARY WITHDRAWAL OF COMPLAINT. I request to voluntarily withdraw my complaint. By doing this, I understand I forfeit my right to receive feedback regarding my complaint. Voluntary withdrawal statement is optional.

20b. SIGNATURE OF COMPLAINANT	20c. DATE
<input type="text"/>	<input type="text"/>