

**U.S. Department of Labor
 Veterans' Employment and Training Service
 USERRA/VP/VEOA Claim Form**

Instructions

This form may be used to submit claims to the U.S. Department of Labor (DOL), Veterans' Employment and Training Service (VETS) for potential violations covered under the Uniformed Services Employment and Reemployment Rights Act (USERRA) or the laws and regulations relating to Veterans' Preference (VP) or the Veterans' Employment Opportunities Act (VEOA) in Federal employment.

Claimants who wish to submit a USERRA, VP, or VEOA claim directly to VETS may do so at <https://vets1010.dol.gov/>

Claimants who wish to file a claim using this form, must file the form by email, fax, or mail. Claims filed by email must be sent to **VETS1010@dol.gov**. Claims filed by fax must be sent to **(404) 562-2313**. Instructions for mailing a printout of this form may be found on the VETS USERRA/VP/VEOA Form 1010(a).

Instructions for completing this form can be found on the VETS USERRA/VP/VEOA Form 1010(a). For assistance, contact us at VETSCompliance@dol.gov

Section A. Claimant Information

1a. Last Name		1b. First Name		1c. Middle Initial	
2a. Street Address				2b. City	
2c. State		2d. Country		2e. Zip/Postal Code	
3. Email Address			4. Cell Phone Number		5. Home Phone Number
6. Social Security Number		7. Have you served, or are you actively serving in the uniformed services? Yes <input type="checkbox"/> No <input type="checkbox"/>			
8. Do you have a military service-connected disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			9. What type of claim are you filing?		

Section B. Employer Information

1. Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		2. Is the employer that is the subject of your claim your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3a. Name of the employer that is the subject of your claim.				3b. Type of Employer	
4. Title of the Position or Occupation Related to Your Claim (the job that you either now hold, used to hold, or applied for, with this employer)					
5a. Pay Rate	Per <input type="checkbox"/>	5b. Pay Basis		5c. Does this position receive compensation for overtime or commissions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6a. Dates of Employment From: _____ To: _____			OR	6b. Date of Application/Interview	
7a. Street Address				7b. City	
7c. State		7d. Country		7e. Zip/Postal Code	
8a. Principle Employer Representative (PER) Name			8b. PER Title		8c. PER Type
9. PER Email Address			10a. PER Phone Number		10b. Extension

Section C. USERRA Eligibility Information

If your claim is for an alleged Veterans Preference or VEOA violation, skip to section E.

1. Have you been separated or discharged from uniformed service? <div style="display: flex; justify-content: space-around;"> Yes No </div>	2. Character of Service Upon Discharge or Separation?
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3. Uniformed Service Branch Related to Claim	4a. Uniformed Service Dates From: _____ To: _____	OR	4b. Examination or Rejection Date
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Select Yes or No for each statement below.

5a. I was denied reemployment/reinstatement into my proper position after returning from uniformed service.	Yes	No
5b. I was denied proper reemployment/reinstatement after returning from uniformed service due to a disability that was incurred or aggravated during that period of uniformed service.	Yes	No
5c. I was denied initial employment based on my uniformed service membership; or application, obligation, or performance of uniformed service.	Yes	No
5d. I lost or was terminated from employment based on my membership, application, or obligation to perform uniformed service.	Yes	No
5e. I was denied one or more benefits of employment (as described in Section D, 2a to 2i) based on my membership, application, or obligation to perform uniformed service.	Yes	No
5f. I was retaliated against for taking an action or enforcing a protection afforded to someone else covered under USERRA.	Yes	No
5g. I was retaliated against for testifying or making a statement in connection with a USERRA investigation or proceeding.	Yes	No
5h. I was retaliated against for my participation in another USERRA investigation or proceeding, other than making a statement or testifying.	Yes	No
5i. I was retaliated against for initiating a previous investigation or proceeding to protect my USERRA rights.	Yes	No

Section D. USERRA Claim Information

1a. Was the Employer Support of the Guard and Reserve (ESGR) involved in handling your claim? <div style="display: flex; justify-content: space-around;"> Yes No </div>	1b. Most Recent ESGR Contact Date
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If your claim involves the loss of a benefit of employment, select the checkbox for each benefit of employment.

2a. Status	2b. Pay Rate
2c. Seniority	2d. Pension
2e. Promotion	2f. Vacation/Leave
2g. Health Benefits	Issue: _____
2h. Other Non-Seniority Benefits	Description: _____
2i. Other	Description: _____

If your claim involves reemployment following uniformed service, answer the following questions:

3. Was notice of uniformed service provided to your employer? <div style="display: flex; justify-content: space-around;"> Yes No </div>	4. How was the notice provided to your employer? <div style="display: flex; justify-content: space-around;"> Written Orally Both </div>		
5a. Who provided the notice to your employer? <div style="display: flex; justify-content: space-around;"> Myself Someone Else </div>	5b. Notice Provider's Name	6. Date that notice was provided to your employer	
7. Date Applied for Reemployment	8a. Were you Reemployed or Reinstated? <div style="display: flex; justify-content: space-around;"> Yes No </div>	8b. Date Reemployed/Reinstated	
8c. Reemployed/Reinstated to Proper Position? <div style="display: flex; justify-content: space-around;"> Yes No </div>	8d. Reemployed/Reinstated with Correct Pay? <div style="display: flex; justify-content: space-around;"> Yes No </div>	OR	8e. Date of Denial

Section J. Comments/Notes

1. Enter any other notes or comments regarding your claim that you feel are necessary to process and assign your claim to an investigator.

Section K. Punishment for Unlawful Statements

The information provided in this complaint will be utilized by the U.S. Department of Labor, Veterans' Employment and Training Service (VETS) to initiate an investigation of alleged violations of the Uniformed Services Employment and Reemployment Rights Act (USERRA), Title 38, USC, §§ 4301-4335; and/or the laws and regulations relating to veterans' preference in Federal employment, including 5 USC § 3330a-3330c, and eligibility for Federal employment described in the VEOA. Potential claimants should keep in mind that it is unlawful to "knowingly and willfully" make any "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Accountability Act of 1996 by a fine and/or imprisonment of not more than 5 years. 18 USC § 1001.

Section L. Paperwork Reduction Act Statement

The OMB control number for this collection is 1293-0002 and expires on April 30, 2023. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number.

Collection of this information is authorized by 38 USC § 4326(a) and 5 USC § 3330a(b)(2). The obligation to respond to this collection is required to initiate a USERRA or VP/VEOA investigation. We estimate it takes about 45 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Information requested in Section H of this form is voluntary, and not required to initiate an investigation. Information in this section is in response to Executive Order 13985 - Advancing Racial Equity, and Support for Underserved Communities Through the Federal Government. Information collected within this section will be used to provide better training to investigators to better serve underserved populations.

Please send comments regarding the burden estimate or any other aspect of this collection of information to the Veterans' Employment and Training Service, 200 Constitution Ave NW, Room S-1325, Washington, DC 20210 or VETSCompliance@dol.gov and reference OMB control number 1293-0002.

Note: If this form can only be submitted by mail, please see instructions for submission by mail in the VETS USERRA/VP Form 1010(a).

Section M. Privacy Act Statement

The primary use of this information is by staff of the Veterans' Employment and Training Service in investigating cases under USERRA, or the laws and regulations relating to VP or VEOA in Federal employment. Disclosure of this information may be made to: a Federal, state or local agency for appropriate reasons; in connection with litigation; and to an individual or contractor performing a Federal function. Furnishing the information on this form, including your Social Security Number, is voluntary. However, failure to provide this information may jeopardize the Department of Labor's ability to provide assistance or complete an investigation of your complaint.

Section N. Notification of Claimant's Rights

For claims arising under USERRA, a person has a right to commence an action for relief directly against the employer in the appropriate federal district court (in the case of a complaint against a State or private employer), pursuant to 38 USC § 4323(a)(3), or the Merit Systems Protection Board (in the case of a complaint against a Federal executive agency or the Office of Personnel Management), pursuant to 38 USC § 4324(b).

For claims arising under VP or VEOA, a person may file a complaint with the Secretary of Labor within 60 days after the date of the alleged violation, pursuant to 5 USC § 3330a(a). The Secretary shall investigate the complaint under 5 USC § 3330a(b), and, if unable to resolve the complaint within 60 days, the Secretary will notify the person of the results of the investigation, pursuant to 5 USC § 3330a(c). The person may appeal to the Merit Systems Protection Board on or after the 61st day after the complaint was filed with the Secretary, but not later than 15 days after the person receives notification from the Secretary of the results of the investigation, pursuant to 5 USC § 3330a(d).

Section O. Certification and Signature

By my signature I certify that the above information is true and correct to the best of my knowledge and belief. I authorize the U.S. Department of Labor to contact the employer identified in Section B or any other person with information concerning this claim. I further authorize my employer or any other person to release such information to the U.S. Department of Labor. Pursuant to 5 USC, § 552a(b) of the Privacy Act, I authorize the U.S. Department of Labor, the U.S. Department of Veterans Affairs, and the U.S. Department of Defense to release information and records necessary for the investigation and prosecution of my claim.

1. Signature

2. Date