



The Fair Chance to Compete for Jobs Act (FCA) Claim Form

Office of Congressional Workplace Rights

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), which is codified at Section 207 of the Congressional Accountability Act (CAA), 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.

IMPORTANT NOTICES

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 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 File A Claim web page](#). For assistance, please contact the OCWR at (202) 724-9250.

You have the right to receive assistance from an OCWR Confidential Advisor.

If you have questions or concerns about how to complete this Claim Form, the Administrative Dispute Resolution (ADR) process of the OCWR, or the specific employment laws applicable to your workplace, and you do not have a designated attorney representative, you have the right to consult with an OCWR Confidential Advisor, at no cost to you. The Confidential Advisor can inform you about your rights under the FCA, the CAA, and the OCWR's procedures, discuss your concerns, and consult with you regarding your claims and the options available to you under the FCA and CAA for resolving them. The Confidential Advisor will provide these services to you on a privileged and confidential basis.

Office of Congressional Workplace Rights
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(202) 724-9250 (O) | (202) 426-1913 (F)

www.ocwr.gov

The Confidential Advisor may not, however, act as your representative in any proceeding under the FCA and CAA. To request the assistance of the Confidential Advisor, please contact the OCWR at (202) 724-9250 or email ConfidentialAdvisor@ocwr.gov.

Filing and Submission:

Your claim must be filed no later than **180 days** after the alleged violation of the FCA.

This FCA Claim Form must be emailed to OCWRfile@ocwr.gov. After you have submitted your Claim Form, an electronic copy will be available to you in your secure claim folder created by the OCWR on an online platform. The OCWR will provide you a link to your secure claim folder via email. Please be advised **the OCWR also will provide a copy of your FCA Claim Form to the employing office**. Your claim will be processed in accordance with the OCWR procedures for FCA claims. You have the option to either pursue voluntary mediation or adjudication of your claim for resolution of your dispute.

Confidentiality:

The OCWR maintains confidentiality when you speak with a Confidential Advisor, in mediation, and in all proceedings and deliberations of the OCWR Hearing Officers and the OCWR Board of Directors, including any related records. However, you are not prohibited from publicly disclosing the factual allegations underlying your FCA claim, and an employing office is not prohibited from publicly disclosing the factual allegations underlying its defense to the claim. (Confidentiality is governed by 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)-(f)).

At any time, an applicant for employment or an employing office may seek information on the OCWR's procedures and on the protections, procedures, rights and responsibilities available under the FCA and the CAA. The OCWR will maintain the confidentiality of requests for such information.

For more information about filing an FCA claim, please refer to the OCWR website at www.ocwr.gov.

If you have any additional questions, please contact the OCWR at (202) 724-9250.

Claim Requirements:

It is important you complete this FCA Claim Form thoroughly, providing all required information and describing the facts and circumstances that you believe violated your rights under the FCA. A claim filed with the OCWR must contain the following:

- **Section A:**
 - Your contact information, including full name, mailing address, preferred phone number, secondary phone number, and at least one personal email address, if available.

- **Section B:**
 - A description of the action or conduct that happened in your employment application process and why you believe it violates the FCA.
 - Information about the employing office involved, including the employing office's address and phone number, and, if you know, the name of the employee(s) who allegedly violated the FCA in your employment application process.

- **Section C:**
 - A brief statement of what relief you are requesting concerning your FCA claim.

- **Declaration:**
 - The **signed declaration** included at the end of this form.

Section A:**Contact information**

Your name: _____

Your mailing address: _____

City: _____ State: _____ Zip code: _____

Preferred phone number (personal phone, if available): _____

Secondary phone number (work/home/cell phone): _____

Preferred email (personal email, if available): _____

Secondary email: _____

Section B:**Nature of the claim**

1. Were you an applicant for employment with an employing office within the legislative branch? Yes [] No []

2. Title of position that you applied for: _____

Is this a position as a law enforcement officer? Yes [] No []

Does this position require that you hold or maintain a security clearance?

Yes No I don't know

3. Date of application: _____

4. Name of employing office: _____

5. Address of employing office: _____

City: _____ State: _____ Zip code: _____

6. Employing office's phone number: _____

7. Are you alleging that the employing office requested that you disclose criminal history record information? Yes [] No []

8. Are you alleging that the written employment application you were asked to fill out with the employing office asked you to disclose your arrest or conviction history?
Yes No

9. Date of employing office's request for criminal history record information:

10. Nature of 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)

11. Name and Title of employee(s) who requested this information (if known):

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

12. Date of conditional offer of employment (if made):

13. 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.

14. Please provide any additional information that you would like to provide concerning your FCA claim:

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

Declaration

You must provide an affirmation as to the truth of the assertions contained in any pleading that you file with the Office of Congressional Workplace Rights (OCWR), pursuant to 2 U.S.C. § 1401(f). All submitted documents must be signed by you personally or, if applicable, by your designated representative.* Whoever signs the document must provide a mailing address, an email address, and a telephone number.

By submitting this Claim Form to the OCWR, you and/or your representative are certifying that to the best of your knowledge, information, and belief:

- (1) it is not being presented for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of resolving the matter;
- (2) the claims, defenses, and other legal contentions you are advocating are warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law;
- (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further review or discovery; and
- (4) the denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably based on belief or a lack of information.

If, after notice and a reasonable opportunity to respond, the OCWR determines that these requirements have been violated, the OCWR may impose an appropriate sanction for such violation.

By signing this Declaration, you and/or your representative affirm that you have read, understand, and will comply with the above-stated requirements.

Claimant's signature

Date

Representative's signature

Date

**If you have a representative, you must designate that representative on a separate [Notice of Designation of Representative Form](#) provided by the OCWR.*

Note: Once you submit this FCA Claim Form, you will no longer be able to make changes to this form. You will be able to access an electronic copy of your Claim Form via a link provided to you by the OCWR. For more information on how to file your claim, please contact the OCWR at (202) 724-9250 or visit our website at www.ocwr.gov.