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# Office of Congressional Workplace Rights Administrative Dispute Resolution Claim Form

## Instructions

You may use this form to file a claim with the Office of Congressional Workplace Rights (OCWR). Claims must allege violation(s) of the Congressional Accountability Act (CAA), 2 U.S.C. § 1302(c); 2 U.S.C. §§ 1311-1317.

The OCWR's role in the claims process is to be a neutral fact-finder. The OCWR does not act as an advocate for any party during the process.

You have the right to consult with an OCWR Confidential Advisor to discuss your concerns prior to submitting a claim. The Confidential Advisor is an experienced employment law attorney with broad knowledge of the laws applied by the CAA. The Confidential Advisor may discuss your workplace concerns with you and inform you of your rights under the CAA, and the OCWR's administrative dispute resolution (ADR) procedures to resolve claims. If you are not represented by an attorney, the Confidential Advisor also may help you draft a claim. The Confidential Advisor may not represent any party in any proceeding. The services of the Confidential Advisor are provided on a privileged and confidential basis.

**If you would like to request the assistance of the Confidential Advisor, please contact the OCWR at (202) 724-9250 or send an e-mail to [ConfidentialAdvisor@ocwr.gov](mailto:ConfidentialAdvisor@ocwr.gov).**

### Filing and Submission

A claim alleging a violation of the CAA must be filed no later than 180 days after the date of the incident. At the time of the alleged violation(s), you must have been an employee, a former employee, applicant, intern, detailee, or fellow of a legislative branch employing office covered by the CAA.

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 its online platform. The OCWR will provide you a link to your secure claim folder via e-mail.

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Office of Congressional Workplace Rights  
John Adams Building, 110 Second Street, SE, Room LA-200 | Washington, DC 20540-1999  
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Access to this secure folder will also be provided to the hearing officer(s) assigned to your case, the legal representative of your employing office, and your representative, should you choose to designate one. Subsequent documents may be uploaded to this folder by either party, the hearing officer(s), and the Clerk of the OCWR.

Your claim will be processed in accordance with the CAA and the OCWR Procedural Rules. Voluntary mediation is available to the parties to seek to resolve a claim by mutual agreement.

The claim form must either be e-filed (<https://socrates.ocwr.gov>), e-mailed ([OCWRrefile@ocwr.gov](mailto:OCWRrefile@ocwr.gov)), faxed (202) 426-1913, mailed, or hand-delivered to the Office of Congressional Workplace Rights, John Adams Building, 110 Second Street, SE, Room LA-200, Washington, DC 20540-1999.

### **Amending your claim**

You may amend your claim form within **15 CALENDAR DAYS** after the filing of the initial claim form; a claim form may only be amended once. See OCWR Procedural Rule section 4.08(d). Please contact the OCWR if you have any questions about your right to amend a claim.

### **Confidentiality**

The confidential advising process, mediation, and all proceedings and deliberations of the OCWR Hearing Officers and the 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 is not prohibited from disclosing the factual allegations underlying the claim, and an employing office is not prohibited from disclosing the factual allegations underlying the employing office's defense to the claim. 2 U.S.C. §1416(f).

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

For more information about filing a claim, please refer to the OCWR website at [ocwr.gov](http://ocwr.gov). If you have any additional questions, please contact the OCWR at (202) 724-9250.

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*If you need assistance to complete this claim form, please contact the OCWR.*

### **Claim Requirements**

It is important that you complete this claim form thoroughly, providing all required information and describing the facts and circumstances that you believe violated your rights under the CAA. Failure to provide the required information may result in the dismissal of your claim. A claim filed with the OCWR must contain the following:

- **Section A**
  - Your contact information, including full name, job title, mailing address, preferred phone number, secondary phone number, and at least one personal e-mail address, if available; and
  - Information about the employing office involved, including the employing office's address and phone number.
- **Section B**
  - The basis(es) of your claim and the specific section(s) of the CAA that applies.
- **Section C**
  - A description of the action or conduct that happened and why you believe it violates the section(s) of the CAA you specified.
- **Section D**
  - The specific details about the alleged violation.
- **Section E**
  - A brief statement of what you expect out of your claim.
- **Declaration**
  - The **signed declaration** included at the end of this form.

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**Section A**

**Contact information**

**Name:**

**Job title:**

**Mailing address:**

**City:**

**State:**

**Zip code:**

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

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

**Preferred e-mail (personal e-mail, if available):**

**Secondary e-mail:**

**Employing office**

**Employing office involved:**

**Employing office's address:**

**City:**

**State:**

**Zip code:**

**Employing office's phone number:**

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**Section B**

Please select the basis(es) of your claim from the following list of provisions of the CAA (check all that apply). For any alleged violation(s) under 2 U.S.C. § 1311, please fill out the relevant information (for example, Sex: Female; Age: 53).

**Select one or more:****Discrimination****Harassment****Both (2 U.S.C. § 1311)**

Race:

Color:

Religion:

National origin:

Sex:

Gender:

Disability:

Age:

Sexual harassment

**Pregnant Workers Fairness Act**

Reasonable accommodation because of pregnancy, childbirth or related medical conditions.

**Family and Medical Leave (2 U.S.C. § 1312)**

Leave denial or Interference

Retaliation

**Fair Labor Standards (2 U.S.C. § 1313)**

Minimum wage

Overtime pay

Equal pay

Child labor

Lactation

Other

**Employee Polygraph Testing Protection (2 U.S.C. § 1314)****Notification of Office Closings or Mass Layoffs (2 U.S.C. § 1315)****Office of Congressional Workplace Rights**

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**Uniformed Services Employment and Reemployment Rights (2 U.S.C. § 1316)**

Name of branch of service:

**Veterans' Employment Opportunities (2 U.S.C. § 1316(a))**

Name of branch of service:

**Reprisal (2 U.S.C. § 1317)**

I opposed a practice made unlawful by the CAA or I initiated proceedings, filed a claim, or testified, assisted, or participated in a hearing or other proceeding under the CAA.

**Genetic Information Nondiscrimination and Privacy (2 U.S.C. § 1302(c))****Section C**

Please write a clear statement of the action or conduct being challenged, including the date(s) and place(s) of the action or conduct, and the name(s) and title(s) of the individual(s) involved. Also explain why you believe that the action or conduct you are describing violates the relevant section(s) of the CAA. (Attach additional pages if necessary.)

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**Section D**

Please provide specific details about the alleged violation.

**Date(s) of the alleged violation:**

**Location(s) of the alleged violation:**

**Name(s) and title(s) of the individuals involved in the alleged violation:**

*Complete one or both of the following section(s) only if you are claiming that the individual(s) involved in the alleged violation was either a) a Member of Congress or b) a senior staff employee of the House of Representatives or the Senate.*

**a) Are you claiming that a Member of Congress:**

(1) personally harassed you because of your race, color, religion, national origin, sex, gender, disability, age, or service in the military or other uniformed service;

Yes                      No

or

(2) personally intimidated, retaliated, or discriminated against you because you have raised such a claim of harassment?

Yes                      No

If you answered “Yes” to either question in a, then select one or both box(es) that best describe(s) your allegation against the Member of Congress:

Harassment

Intimidation and retaliation, and/or discrimination due to a claim of harassment

**b) Are you claiming that a senior staff employee of the House of Representatives or the Senate:**

(1) personally harassed you because of your race, color, religion, national origin, sex, gender, disability, age, or service in the military or other uniformed service;

Yes                      No

or

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(2) personally intimidated, retaliated, or discriminated against you because you have raised such a claim of harassment?

Yes

No

If you answered “Yes” to either question in b, then select one or both box(es) that best describe(s) your allegation against a senior staff employee of the House or Senate:

Harassment

Intimidation and retaliation, and/or discrimination due to a claim of harassment

### **Section E**

What remedy(ies)/outcome(s) are you seeking to resolve this claim (for example, reinstatement, promotion, back pay, reimbursement for overtime, reasonable accommodation)?

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## Declaration

You must provide an affirmation as to the truth of the assertions contained in any pleading that you file with the 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 e-mail address, and a phone 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) This claim 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 nonfrivolous 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.

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

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**Claimant's signature**

**Date**

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**Representative's signature\***

**Date**

*\*If you have a representative, you must designate that representative on a separate [Notice of Designation of Representative form – Form 1.07\(a\)](#) provided by the OCWR.*

Note: Once you submit this 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. You have the right to amend your claim within 15 calendar days of filing the initial claim. For more information on how to amend your claim, please contact the OCWR at (202) 724-9250 or visit our website at [ocwr.gov](http://ocwr.gov).

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