

Equal Opportunity Advisor

If you have questions regarding **harassment, bullying, hazing, prohibited discrimination, or sexual harassment** contact your EOA.



PHONE NUMBER:

EMAIL:

UNIT:

BUILDING/RM NUMBER:

Anonymous Reporting via NCIS: <https://www.ncis.navy.mil/Resources/NCIS-Tips/>

MPE Advice Line: (844) 818-1674



1ST MARINE CORPS DISTRICT

CUI (When filled in)

MCO 5354.1G

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			
<p>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 MD1040-3 and MMN00044.</p> <p>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.</p> <p>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://dpcit.defense.gov/Privacy/SORNIndex/DOE-wide-SORN-Article-View/Article/579525/m01040-3/ and https://dpcit.defense.gov/Privacy/SORNIndex/DOE-wide-SORN-Article-View/Article/579525/mm0044/.</p> <p>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.</p> <p>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".</p>			
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"/>
<p>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.</p> <p>9b. <input type="checkbox"/> Harassment <input type="checkbox"/> Bullying <input type="checkbox"/> Hazing <input type="checkbox"/> Prohibited Discrimination <input type="checkbox"/> Sexual Harassment</p> <p>9c. <input type="checkbox"/> Formal Resolution <input type="checkbox"/> Conflict Management</p>			
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: _____ (Date)			
10b. COMPLAINANT ACKNOWLEDGEMENT. After being counseled, initial by each applicable section. _____ (Date)			
<p>_____ I have been counseled on the complaint process and services available to me. _____ (Date)</p> <p>_____ I have been advised I can request a supervised review of the investigation. _____ (Date)</p> <p>_____ I have been advised of my appellate rights under MCO 5354.1G. _____ (Date)</p> <p>_____ I am aware I must contact my local IG or IGM if I perceive reprisal or retaliation. _____ (Date)</p> <p>_____ I'm making a confidential report (for sexual harassment only). _____ (Date)</p>			
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"/>	

NAVMC 11512 (03-24) (EF)

CUI (When filled in)

Controlled by USMC
Controlled by USMC (MCO 5354.1G)
CUI Category: USMC, MPE, MCO
SIC: MPE, MCO

Reset Form

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COMPLAINT PROCESS

Service members who wish to file complaints of PAC shall complete NAVMC Form 11512 and submit it to the EOA.

Service members may submit complaints for Conflict Management (Informal), Complaint Resolution (Formal), Anonymously or Confidentially for Sexual Harassment. The complaint should be submitted within 90 calendar days from the most recent incident.

Service members have the option to **CONFIDENTIALLY** report sexual harassment. Reports should **ONLY** be disclosed to: **EOA, VICTIM SERVICE PROVIDERS, OR HEALTHCARE PERSONNEL**. Confidential complaints must submit a signed NAVMC to the EOA within 90 days of most recent incident. This **WILL NOT** be reported to the chain of command but **WILL** allow for support resources, referrals and the ability to convert to a formal complaint within 90 days of original submission.

Service members may file a complaint through:

- Equal Opportunity Advisor
- Inspector General Office- <https://hotline.usmc.mil>
- NCIS Tip Line- <https://www.ncis.nav.mil/Resources/NCIS-Tips/>
- Anonymous Complaint

PAC COMPLAINT PROCESS

