

MONTHLY FEEDER REPORT OF EEO COUNSELING AND DISCRIMINATION  
COMPLAINT ACTIVITY  
(RCS: ARNGB-157)

1. Report for month of \_\_\_\_\_.
2. Negative report, if applicable, is required.
3. Nature of complaint or subject of counseling:

- a. Initial appointment
- b. Promotion
- c. Reassignment
- d. Separation
- e. Suspension
- f. Reprimand
- g. Duty hours
- h. Job training
- i. Detail
- j. Other

RACE	COLOR	RELIG	SEX	AGE	NATL O	TOTAL

4. Number of persons counseled during the month: \_\_\_\_\_.

5. Status of counseling (narrative); to include input on any items such as rough spots, trends, areas that EOO should be monitoring; counselor's observations:

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Counselor

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Station & Telephone Number