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## Office of Employee Advocacy

- Office of the Chief Administrative Officer -

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*Confidential – Attorney-Client Privileged Communication  
This document and its attachments may contain Privacy Act protected information.*

### **REQUEST FOR LEGAL ADVICE OR REPRESENTATION**\*

Employee's First & Last Name:

Position & Employer (indicate DC or  
District location)

Date Matter Submitted (e.g., Today's Date):

Date(s) of Improper Conduct Against You:

Contact Information

Preferred Telephone Number:

Personal (Non-House) E-mail Address:

Advice Issue (please mark below all applicable descriptions that apply):

- |   |  |
|---|--|
| • Discrimination                            | • Retaliation                          |
| • Harassment or Hostile<br>Work Environment | • Improper Performance-Based<br>Action |
| • Labor (grievance, ULP,<br>etc.)           | • Compensation                         |
| • Family Medical Leave                      | • Improper Disciplinary Action         |
| • Polygraph                                 | • Workplace Safety                     |
|   | • Office Closure/Mass Layoff           |

**Matter Based On:**

- |                            |                              |
|----------------------------|------------------------------|
| ○ Sex (gender)             | ○ Age                        |
| ○ Sex (sexual orientation) | ○ Race/Color/National Origin |
| ○ Sex (gender identity)    | ○ Disability                 |
| ○ Religion                 | ○ Military Service           |
| ○ Genetic Information      |                              |

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\* Please complete this form in its entirety and submit it to [Employee.Advocacy@mail.house.gov](mailto:Employee.Advocacy@mail.house.gov),  
deliver by hand (by appointment), or submit by fax (202-225-8802).

*To ensure confidentiality, please use your personal, non-House email account to submit matters by email.*

Detailed Description of Issue(s) (*Attach all relevant documents. If sent electronically, redact personally identifiable information or send encrypted.*):

*For further description, attach additional pages as needed.*

Does this issue involve any special circumstances? (*e.g., threat/safety issue, etc.*) If so, explain:

If you have already made phone contact with the Office of Employee Advocacy, please name which attorney already has knowledge of this matter: \_\_\_\_\_