

**EEO Investigative Affidavit** (Continuation Sheet/Compensatory Damages)

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Check off all of the statements that apply to you or that have applied to you at any time within the last two years.

- 1. There has been a change in my family status caused by marriage, divorce, or separation. The specific event which caused this change was \_\_\_\_\_, which occurred on (date) \_\_\_\_\_.
- 2. There has been a death in my family or of someone close to me. The name of the deceased is \_\_\_\_\_ His/her relationship to me was \_\_\_\_\_.
- 3. I have had relationship problems.
- 4. I have had marital problems.
- 5. I have participated in individual, marital, relationship, or family counseling.
- 6. I have been seriously ill or diagnosed with a serious illness.
- 7. A member of my family or someone close to me has been seriously ill or has been diagnosed with a serious illness. His/her relationship to me is \_\_\_\_\_.
- 8. I, a member of my family, or someone close to me has had legal problems.
- 9. There has been a change in the number of people residing in my household.
- 10. I have changed my residence.
- 11. I have had financial difficulties. Check any that apply.
  - Tax problems.
  - Delinquent debts.
  - Mortgage or foreclosure problems.
  - New financial obligations.
  - Other: \_\_\_\_\_
- 12. A traumatic event(s) occurred in my life, e.g., automobile accident, fire, flood, other natural disaster, victim of crime. The traumatic event(s) was: \_\_\_\_\_, which occurred on the following date \_\_\_\_\_ and that occurred on the following date \_\_\_\_\_.
- 13. I, my spouse, or someone with whom I am/was living experienced a change in employment, for example: changed job, lost a job, was demoted or laid off, or was reduced in pay.
- 14. I have had dietary problems. Check any which apply.
  - Rapid weight loss.
  - Anorexia.
  - Bulimia.
  - Rapid weight gain.
  - Other: \_\_\_\_\_
- 15. I have taken prescribed medication for the following:
 

<input type="checkbox"/> Condition(s): _____	<input type="checkbox"/> Condition(s): _____
<input type="checkbox"/> Medication(s): _____	<input type="checkbox"/> Medication(s): _____
<input type="checkbox"/> Dosage(s): _____	<input type="checkbox"/> Dosage(s): _____
<input type="checkbox"/> How often taken: _____	<input type="checkbox"/> How often taken: _____
<input type="checkbox"/> Prescribed by Dr(s).: _____	<input type="checkbox"/> Prescribed by Dr(s).: _____
<input type="checkbox"/> When prescribed: _____	<input type="checkbox"/> When prescribed: _____
<input type="checkbox"/> For how long: _____	<input type="checkbox"/> For how long: _____

I declare under penalty of perjury that the foregoing is true and correct.

Affiant's Signature

Date Signed

## Instructions for Complainant

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Postal Service procedure is to investigate a complainant's claim that (s)he is entitled to an award of compensatory damages concurrently with the EEO investigation of the discrimination complaint in which the claim arose. The remedy you are seeking to resolve this complaint includes your claim that you are entitled to receive a monetary award to compensate you for loss(es) which allegedly resulted from the Postal Service's discriminatory act or conduct. Therefore, in addition to evidence and testimony concerning your allegation(s) of discrimination, the EEO Investigator will require you to provide testimony and evidence pertaining to the nature, the extent, and the severity of the harm you allegedly suffered. You must also complete PS Form 2569-C and include it in your affidavit statement.

Form 2569-C contains a number of statements describing possible life occurrences. Read each of the numbered statements carefully before responding. Place a check mark before every statement that corresponds to an event which occurred in your life at any time within the last two years. If any of the statements that you check is followed by a space which has been left blank so that information can be entered, use the blank space to add the information required by the statement. If you need additional space to record information relevant to a statement you have checked, you may use PS Form 2569, *EEO Investigative Affidavit (Continuation Sheet)*. Identify any information which you record on Form 2569 by prefacing it with the number which corresponds to the numbered statement on Form 2569-C.

**NOTE:** You must declare, under penalty of perjury, that your statement, which includes Form 2569-C, is true and correct.