



OKLAHOMA NATIONAL GUARD  
JOINT FORCE HEADQUARTERS  
3501 MILITARY CIRCLE  
OKLAHOMA CITY OK 73111-4305

POLICY MEMORANDUM  
NUMBER 23-26

6 March 2023

**EQUAL OPPORTUNITY (EO) POLICY**  
**FOR THE OKLAHOMA NATIONAL GUARD (OKNG)**

1. References:

- a. CNGBM 9601.01, National Guard Discrimination Complaint Process, 25 April 2017.
- b. NGB 600-21, Equal Opportunity Program In the Army National Guard, 22 May 2017.
- c. AFI 36-2710, Equal Opportunity Program, 18 June 2020.

2. Policy:

a. The OKNG is committed to equal opportunity for all military members including Traditional and Active Guard Reserve (AGR) or applicants for membership in the OKNG. Discrimination is prohibited and will not be practiced or condoned. Military members are afforded equal opportunity in an environment free from discrimination on the basis of race, color, national origin, religion, sex (to include gender identity), sexual harassment, and/or sexual orientation and harassment which includes hazing, bullying, and other discriminatory harassment.

b. Commanders will take immediate and appropriate action to address the allegations of discrimination and correct any unlawful discriminatory practices. Commanders and employees who engage in or permit unlawful discrimination or harassment without taking positive corrective action will be subject to appropriate disciplinary action.

c. No person may make, or threaten to make, an unfavorable personnel action or withhold, or threaten to withhold, a favorable personnel action in reprisal against a Service Member for making or preparing a protection communication.

3. EO is critical to mission accomplishment, unit cohesiveness, and military readiness. Commanders are responsible for sustaining a positive EO climate within their units. We must all work together to achieve a human relations culture of fairness and transparency, where military members are evaluated solely on merit, performance, and potential in support of readiness. Military EO goals must be developed, progress tracked, and plans adjusted accordingly to meet readiness factors. Commanders must ensure EO training is conducted, climate surveys and complaints are properly administered, and other EO requirements are met and adhered to. EO professionals are available to advise and assist individuals, commanders, and supervisors in addressing all military EO matters.

4. All commanders and supervisors will ensure the widest possible dissemination of this policy to their personnel and ensure the policy is posted on bulletin boards.

5. This policy supersedes Policy Memorandum 21-05, dated 11 January 2021.

POLICY MEMORANDUM 23-26 (CONT'D)

6. Additional OKNG EO Program information may be found at [Diversity, Equity, and Inclusion \(sharepoint-mil.us\)](#) and public website <https://ok.ng.mil/Resources/Equity-and-Inclusion-Office/>. Questions regarding this memorandum may be directed to the State Equal Employment Manager at 405-228-5297.



THOMAS H. MANCINO  
Major General, OKARNG  
The Adjutant General

- 2 Encls  
1. NGB Form 333  
2. EO Process Flow

DISTRIBUTION:  
AAF

<b>Discrimination Complaint in the Army and Air National Guard</b> For use of this form see CNGBM 9601.01, the proponent agency is NGB-EO.		(SEEM Use Only) Filing State/Territory: _____  NGB Case Tracking Number: _____
<b>PRIVACY ACT STATEMENT</b>		
Authority: 42 U.S.C., Chapter 21, Subchapter V  Principal Purpose: To document allegations of discrimination in the National Guard (NG)  Routine Uses: None		<input type="checkbox"/> IRR Date: _____ <input type="checkbox"/> FRR Date: _____ <input type="checkbox"/> ADR Date: _____
Disclosure: Voluntary. However, failure to complete all portions of this form could affect the timely processing, or result in the rejection or dismissal of your complaint.		
<b>INSTRUCTIONS</b>		
<b>PART I - TO BE COMPLETED BY COMPLAINANT</b> Submit to Your EO State Representative		
All NG members serving in Title 32 status, to include NG technicians in a military pay status who believe they have been discriminated against based on race, color, national origin, religion, sex-gender, or sexual orientation, or who believe they have been the victim of sexual harassment, or of reprisal for prior engagement in the discrimination complaint process or related activity, may file a request to resolve discrimination allegations.  You are encouraged to discuss the complaints with and to seek assistance from your immediate supervisor, unit commander, members of the chain of command or EO office staff. Fill out Part I of this form and file the complaint within 180 days of the date of the alleged discrimination or the date that you became aware of the discriminatory event or action. The complaint should be filed with the unit commander (if the commander is not the alleged discriminating official) or with your unit EO representative. You may file with any other commander in the chain of command, the Adjutant General, the National Guard Bureau, or Inspector General Office. However, regardless of where the complaint is filed, it will be referred to the lowest applicable command level for action.		
<b>1. COMPLAINANT</b>		
a. NAME (Last, First, MI)		b. RANK c. COMPONENT (ARNG/ANG) d. POSITION
2. SEX-GENDER (M/F)	3. RACE	4. NATIONAL ORIGIN
5. HOME ADDRESS (Including Zip Code)		6. TELEPHONE NUMBERS
		a. BUSINESS b. HOME
7. ACTIVITY OR UNIT IN WHICH ALLEGED DISCRIMINATION OCCURRED		8. ARE YOU (Check One)
		<input type="checkbox"/> PART TIME MILITARY MEMBER <input type="checkbox"/> AGR TITLE 32/ADOS TITLE 32 <input type="checkbox"/> APPLICANT FOR NG/AGR MEMBERSHIP <input type="checkbox"/> FORMER MILITARY MEMBER <input type="checkbox"/> BENEFICIARY OF NG
<b>9. ALLEGED DISCRIMINATING OFFICIAL (ADO)</b>		
a. NAME (Last, First, MI)		b. RANK/TITLE
<b>10. REPRESENTATIVE (If any)</b>		
a. NAME (Last, First, MI)		b. ADDRESS
<b>11. CHECK BELOW THE BASIS (Reasons) FOR ALLEGED DISCRIMINATION</b>		
<input type="checkbox"/> R RACE (Check Your Race) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander		
<input type="checkbox"/> C COLOR (State Your Color) _____		
<input type="checkbox"/> L RELIGION (State Your Religion) _____		
<input type="checkbox"/> S SEX-GENDER (Sexual Harassment) (Check Your Gender) <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> X SEXUAL ORIENTATION (Specify) _____		
<input type="checkbox"/> O REPRISAL (Based Upon EO Activity) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> N NATIONAL ORIGIN (State Your National Origin or National Group) (Specify) _____		

Encl 1

12. CHECK FOR SPECIFIC ALLEGATIONS AND ISSUES		
<input type="checkbox"/> Appointment/Enlistment	<input type="checkbox"/> Evaluation/Appraisal	<input type="checkbox"/> Reassignment
<input type="checkbox"/> Assignment of Duties	<input type="checkbox"/> Harassment	<input type="checkbox"/> Retirement
<input type="checkbox"/> Awards/Decorations	<input type="checkbox"/> a. Non-Sexual	<input type="checkbox"/> Time and Attendance
<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> b. Sexual	<input type="checkbox"/> Training/Education
<input type="checkbox"/> Duty Hours	<input type="checkbox"/> Promotion/Non-Selection	<input type="checkbox"/> Other

13. STATE ALLEGATION AND ISSUES (Explanations, background, and evidence can be attached as supporting material; they are NOT issues.)

- Issues: A. Number each issue.  
 B. Briefly list the alleged act of discrimination, the basis, and the date(s) it took place.  
 C. Indicate the name(s) of the alleged discriminating official(s) (ADO).

SAMPLE: I was discriminated against on (date) on the basis of (Race, Religion, or other basis) when (name the ADO) and briefly list the discriminatory event(s) or personnel action(s). Attach additional blank sheets, if necessary.

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. WHAT CORRECTIVE ACTION DO YOU WANT TAKEN TO RESOLVE YOUR COMPLAINT?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15a. SIGNATURE OF COMPLAINANT		15b. DATE	
16. OFFICIAL RECEIVING COMPLAINT			
a. NAME		b. TITLE	
c. SIGNATURE		d. DATE	

<b>PART II - COMPLAINT MANAGEMENT PROCESSING</b>					
TO BE COMPLETED AT THE LOWEST APPLICABLE COMMAND LEVEL					
COMPLETE AS APPROPRIATE					
1. WHEN DID YOU RECEIVE THE COMPLAINT?					DATE (YYYY/MM/DD)
2. WAS THE COMPLAINT					
a.	Accepted	<input type="checkbox"/>	All	<input type="checkbox"/>	In Part
b.	Referred	<input type="checkbox"/>	All	<input type="checkbox"/>	In Part
TO WHOM?					
c.	Dismissed	<input type="checkbox"/>	All	<input type="checkbox"/>	In Part
(State Reason)					
3. AFTER REVIEW OF THE LEADERSHIP INQUIRY REPORT I FIND THAT YOUR ALLEGATIONS ARE:					
<input type="checkbox"/> Substantiated		<input type="checkbox"/> Unsubstantiated		<input type="checkbox"/> Discrimination Undetermined	
4. DID YOUR NOTICE OF PROPOSED RESOLUTION (NPR) CONCUR WITH THE FINDINGS OF THE INQUIRY OFFICIAL?					<input type="checkbox"/> Yes <input type="checkbox"/> No
5. NAME/DATE NEXT HIGHER LEVEL COMMANDER REVIEWED NPR:					b. DATE (YYYY/MM/DD)
a. NAME (Last, First, MI)					
6. DID THE JUDGE ADVOCATE REVIEW THE CASE?					DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No					
7. DID THE SEEM REVIEW THE CASE?					DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No					
8. DID THE ADJUTANT GENERAL (or designated representative) REVIEW THE CASE?					DATE (YYYY/MM/DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No					
9. DATE YOU MET WITH MEMBER AND PROVIDED THEM WITH NPR:					DATE (YYYY/MM/DD)
10. COMPLAINANT'S ELECTION TO THE NPR'S PROPOSED RESOLUTION AND REMEDY:					
<input type="checkbox"/> Accept the Proposed Resolution and Remedy.					
<input type="checkbox"/> Withdraw my State Informal Resolution Request.					
<input type="checkbox"/> File a NGB Formal Resolution Request					
a. SIGNATURE OF COMPLAINANT					b. DATE (YYYY/MM/DD)
11. THIS FORM, THE NPR, THE LEADERSHIP INQUIRY REPORT, AND ANY ACCOMPANYING DOCUMENTATION WAS FORWARDED TO NGB-EO-CMA ON:					DATE (YYYY/MM/DD)
12. REMARKS:					
10a. SIGNATURE OF COMMANDER					10b. DATE (YYYY/MM/DD)



# EQUAL OPPORTUNITY (TITLE 32) SERVICE MEMBERS ANG/ARNG

MILITARY EQUAL OPPORTUNITY COMPLAINT PROCEDURES NATIONAL GUARD DISCRIMINATION COMPLAINT SYSTEM							
<b>WHO MAY FILE A COMPLAINT</b>	<ul style="list-style-type: none"> <li>•All Full-Time and Traditional Title 32 Service members</li> <li>•Applicants for membership</li> <li>•Beneficiaries of services from the ARNG/ANG in programs receiving Federal financial assistance</li> <li>•This process is <b>NOT</b> applicable to individuals serving in Title 10 status</li> </ul>						
<b>BASIS</b>	•Race, Color, Religion, Sex, Sexual Orientation, National Origin, Bullying, Hazing, Sexual Harassment, or Reprisal (based on EO activity in a matter subject to control of the NG)						
<b>TIME LIMITS</b>	•Aggrieved party must contact an Equal Opportunity Advisor (EOA) or Equal Opportunity Leader (EOL) <b>180 calendar days</b> from the date of the alleged discrimination, or the date the aggrieved party was made aware of the alleged discriminatory event or action						
<b>LOWEST LEVEL</b>	<ul style="list-style-type: none"> <li>•Aggrieved party may try to resolve the matter at the lowest level by directly approaching, asking a third party to approach on their behalf (indirect approach), or using the Chain Of Command</li> <li>•If these methods have not worked, or would not be effective, the aggrieved party may contact an EOL or EOA to begin the Informal Resolution Request</li> </ul>						
<b>INFORMAL RESOLUTION REQUEST (required for all bases except Sexual Harassment)</b>	<ul style="list-style-type: none"> <li>•The Informal Resolution Request (IRR) begins when the aggrieved party contacts an EOL or EOA and completes NGB Form 333, where the aggrieved party must state a basis and claim</li> <li>•The EOL/EOA will process the IRR and pass the information to the unit commander, or if the complaint involves the unit commander, the next higher level command</li> <li>•The commander will appoint an investigating officer to complete the <b>EO Investigation (see NGR 600-22)</b> to conclude no later than <b>60 days</b> from the date of appointment. The investigator will provide a Report of Investigation (ROI) to the commander, who will review the report within <b>30 days</b></li> <li>•Using the ROI, the unit commander will determine if the claim has been substantiated and if so, the commander (or a command representative) will propose an appropriate resolution and conduct a final interview where this proposal is explained to the aggrieved party</li> <li>•At this point, the aggrieved party may: accept the proposed resolution, withdraw the IRR, or indicate their intent to file an NGB Formal Resolution Request</li> </ul>						
<b>FORMAL RESOLUTION REQUEST</b>	<ul style="list-style-type: none"> <li>•The FRR must be filed on NGB Form 333 within <b>30 days</b> of the Final Interview at the end of the IRR</li> <li>•The Agency (OKNG) will, within <b>five days</b> provide NGB with the ROI and other relevant documents from the IRR. NGB will review the record and determine whether or not to accept the FRR within <b>30 days</b> of receipt</li> <li>•If NGB rejects the FRR, the aggrieved party will be advised of their right to request a hearing</li> <li>•If accepted, NGB will appoint an investigating officer (IO) or direct OKNG to appoint an IO</li> <li>•The IO will complete the investigation within <b>45 days</b></li> <li>•If substantiated, NGB will propose an appropriate resolution</li> <li>•At this point, the aggrieved party may: accept the proposed resolution, withdraw the FRR, or request a hearing. The aggrieved party must request the hearing within <b>30 days</b> of receipt</li> <li>•If the agency fails to comply with the accept resolution, the aggrieved party may request a hearing within <b>60 days</b> of the resolution agreement date</li> </ul>						
<b>HEARINGS</b>	•The agency will provide the aggrieved party with any needed information to request a hearing						
<b>RETALIATION AND REPRISAL</b>	<ul style="list-style-type: none"> <li>•It is unlawful for anyone to take any retaliatory or reprisal action against anyone for bringing forward a complaint, acting as a witness, responding to a complaint, or investigating a complaint</li> <li>•Anyone who is subject to retaliation or reprisal should report it to their EOA or EOL immediately</li> </ul>						
<b>FALSE COMPLAINT</b>	<ul style="list-style-type: none"> <li>•A false complaint is one where the complainant makes a claim that they know to be false</li> <li>•Submitting a false complaint is a punishable offense</li> </ul>						
<b>REFERENCE</b>	<b>CNGBM 9601.01, NGR 600-22</b>						
<b>POINTS of CONTACT</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">CPT Essence Campbell, OKNG HREO (M-Day)</td> <td style="border: none;">essence.a.campbell.mil@army.mil</td> </tr> <tr> <td style="border: none;">MSG Julie A Pollard, OKNG Equal Opportunity Advisor (M-Day)</td> <td style="border: none;">julie.a.pollard.mil@army.mil</td> </tr> <tr> <td style="border: none;">Ms. Amy K Gordon, State Equal Employment Manager (SEEM)</td> <td style="border: none;">405-228-5297 amy.k.gordon.civ@army.mil</td> </tr> </table>	CPT Essence Campbell, OKNG HREO (M-Day)	essence.a.campbell.mil@army.mil	MSG Julie A Pollard, OKNG Equal Opportunity Advisor (M-Day)	julie.a.pollard.mil@army.mil	Ms. Amy K Gordon, State Equal Employment Manager (SEEM)	405-228-5297 amy.k.gordon.civ@army.mil
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