Services for Individuals With Disabilities

The public meeting will be physically accessible to people with disabilities. Individuals requiring accommodations, such as sign language interpretation or other ancillary aids, are asked to notify Cheryl Whetsel at cheryl.whetsel@dot.gov by December 12, 2016.

FOR FURTHER INFORMATION CONTACT: For information about the meeting, contact Cheryl Whetsel by phone at 202–366–4431 or by email at cheryl.whetsel@dot.gov.

SUPPLEMENTARY INFORMATION:

I. Background

The VIS Working Group is a newly created advisory committee established in accordance with Section 10 of the Protecting our Infrastructure of Pipelines and Enhancing Safety (PIPES) Act of 2016 (Pub. L. 114–183), the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., App. 2, as amended), and 41 CFR 102–3.50(a).

II. Meeting Details and Agenda

The VIS Working Group will consider and provide recommendations to the Secretary as specifically outlined in section 10 of Public Law 114–183:

(a) The need for, and the identification of, a system to ensure that dig verification data are shared with in-line inspection operators to the extent consistent with the need to maintain proprietary and security-sensitive data in a confidential manner to improve pipeline safety and inspection technology;

(b) Ways to encourage the exchange of pipeline inspection information and the development of advanced pipeline inspection technologies and enhanced risk analysis;

(c) Opportunities to share data, including dig verification data between operators of pipeline facilities and in-line inspector vendors to expand knowledge of the advantages and disadvantages of the different types of in-line inspection technology and methodologies;

(d) Options to create a secure system that protects proprietary data while encouraging the exchange of pipeline inspection information and the development of advanced pipeline inspection technologies and enhanced risk analysis;

(e) Means and best practices for the protection of safety- and security-sensitive information and proprietary information; and

(f) Regulatory, funding, and legal barriers to sharing the information described in paragraphs (a) through (d).

The Secretary will publish the VIS Working Group’s recommendations on a publicly available DOT Web site. The VIS Working Group will fulfill its purpose once its recommendations are published online.

The agenda will be published on the PHMSA Web site.

Issued in Washington, DC, on November 21, 2016, under authority delegated in 49 CFR 1.97.

Linda Daugherty,
Deputy Associate Administrator for Field Operations.
[FR Doc. 2016–28425 Filed 11–25–16; 8:45 am]
BILLING CODE 4910–60–P
Individual Complaint of Employment Discrimination Form.

Form Number: DOT F 1050–8.

OMB Control Number: 2105–0056.

Abstract: The DOT will utilize the form to collect information necessary to process Equal Employment Opportunity (EEO) discrimination complaints filed by employees, former employees, and applicants for employment with the Department. These complaints are processed in accordance with the Equal Employment Opportunity Commission’s regulations, 29 CFR part 1614, as amended. The DOT will use the form to: (a) Request requisite information from the individual for processing his or her EEO employment discrimination complaint; and (b) obtain information to identify an individual or his or her attorney or other representative, if appropriate. An individual’s filing of an EEO employment complaint is solely voluntary. The DOT estimates that it takes an individual approximately one hour to complete the form.

Type of Request: Renewal of a previously approved collection.

Affected Public: Job applicants filing EEO employment discrimination complaints.

Total Annual Estimated Burden: 10 hours.

Frequency of Collection: An individual’s filing of an EEO complaint is solely voluntary.

Comments are Invited on: (a) Whether the proposed collection of information is reasonable for the proper performance of the EEO functions of the Department; (b) the accuracy of the Department’s estimate of the burden of the proposed information collection, including the validity of methodology and assumptions used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including use of appropriate, automated, electronic, mechanical, or other technology.

Comments should be addressed to the address in the preamble. All responses to this notice will be summarized and included in the request for Office of Management and Budget approval. All comments will also become a matter of public record.

Issued in Washington, DC, on November 18, 2016.

Habib Azarsina,
OST Privacy and PRA Officer, U.S. Department of Transportation.
U.S. Department of Transportation

INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION
FORM INSTRUCTIONS

(Read the following instructions carefully before you complete this form.)
(Please complete all items on the complaint form.)

GENERAL: This form should be used only if you, as an applicant for employment with the Department of Transportation, or as a present or former Department of Transportation employee:

1) believe you have been discriminated against because of your race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age (40 years or older at the time of the event giving rise to your claim), physical or mental disability, equal pay/compensation, genetic information, or believe that you have been retaliated against for participating in activities covered under the Equal Employment Opportunity statutes; and

2) have presented the matter for informal resolution to an EEO Counselor within 45-calendar days of the event giving rise to your claim, or within 45-calendar days of first becoming aware of the alleged discrimination.

IMPORTANT NOTE: In certain situations, the information provided in Part III of the attached complaint form may be used in lieu of an affidavit in the investigation of your complaint. Accordingly, the information you provide in this part should be brief, clear, and complete.

WHEN TO FILE: In accordance with 29 C.F.R. § 1614.108, your formal complaint must be filed within 15-calendar days of the date you received the Notice of Right to File a Discrimination Complaint form from your EEO Counselor. You must sign and date your complaint. If you are represented by an attorney, the attorney may sign the complaint on your behalf.

These time limits may be extended: 1) if you show that you were not notified of the time limits and were not otherwise aware of them, or 2) if you were prevented by circumstances beyond your control from submitting the matter within the time limits, or 3) for other reasons considered sufficient by the Department.

REPRESENTATION: You may have a representative of your own choosing at all stages of the processing of your complaint. However, your representative will be disqualified if such representation would conflict with the official or collateral duties of the representative. No EEO Counselor or EEO Officer may serve as a representative. (Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)

WHERE TO FILE: The complaint should be filed with the Associate Director, Equal Employment Opportunity Complaints and Investigations Division (S-34), Departmental Office of Civil Rights, 1200 New Jersey Avenue, S.E., Washington, DC 20590. Filing instructions are contained in the Notice of Right to File a Discrimination Complaint form which was provided by your EEO Counselor. Keep a copy of the completed complaint form for your records.

(PLEASE ALSO READ THE PRIVACY ACT STATEMENT ON THE REVERSE SIDE)
PRIVACY ACT STATEMENT

1. **FORM NUMBER/TITLE/DATE:** Department of Transportation Form Number 1050-8, individual Complaint of Employment Discrimination with the Department of Transportation.


3. **PRINCIPAL PURPOSES:** The purpose of this complaint form, whether recorded initially on the form or taken from a letter from the Complainant, is to record the filing of a formal written complaint of employment discrimination with the Department of Transportation on the grounds of race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age, physical or mental disability, genetic information, or reprisal, and to reach a decision on the complaint. Information provided on this form will be used by the Department of Transportation to determine whether the complaint was timely filed and whether the claims in the complaint are within the purview of 29 C.F.R. Part 1614, and to provide a factual basis for investigation of the complaint.

4. **ROUTINE USES:** Other disclosures may be:
   a. to respond to a request from a Member of Congress regarding the status of the complaint or appeal;
   b. to respond to a court subpoena and/or to refer to a district court in connection with a civil suit;
   c. to disclose information to authorized officials or personnel to adjudicate a complaint or appeal;
   d. to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.

5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION:** Formal complaints of employment discrimination must be in writing, signed by the Complainant (or attorney representative), and must identify the parties and action or policy at issue. Failure to comply may result in the Department of Transportation dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

DETACH AND KEEP THIS PAGE WHEN YOU FILE YOUR COMPLAINT
# Individual Complaint of Employment Discrimination

## Part I

### Complainant Identification Information

1. **Name (Last, First, Middle Initial):**

2. **Telephone/Fax (Include Area Code):**
   - **Home:**
   - **Work:**
   - **Fax:**

3. **Present Home Address (You must notify the Department of Civil Rights of any changes to your address while the complaint is pending, or your complaint may be dismissed):**
   - **Street Address:**
   - **City:**
   - **State:**
   - **Zip Code:**

4. **If you are a current or former employee of the Federal government, list your most recent title, series, and grade:**

5. **Name and Address of Organization Where You Work (If a Department of Transportation Employee):**
   - **Office and Staff Symbol:**
   - **Street Address:**
   - **City:**
   - **State:**
   - **Zip Code:**

6. **Employment Status in Relation to this Complaint:**
   - □ Applicant
   - □ Probationary
   - □ Career/Career Conditional
   - □ Former Employee
     - **Date Last Employed at Department:**
     - **Date of Retirement**
   - □ Retired
   - □ Other
     - **Specify**

7. **I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief.**

### Signature of Complainant or ATTORNEY Representative

<table>
<thead>
<tr>
<th>Signature of Complainant or ATTORNEY Representative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Part II

### Designation of Representative

8. **You may represent yourself in this complaint or you may choose someone to represent you. Your representative does not have to be an attorney. You may change your designation of a representative at a later date, but you must notify the Departmental Office of Civil Rights immediately in writing of any change, and you must include the same information requested in this part.**

   *I hereby designate (Please Print Name) to serve as my representative during the course of this complaint. I understand that my representative is authorized to act on my behalf.*

9. **Representative’s Mailing Address:**

10. **Representative’s Employer (If Federal Agency):**

11. **Representative’s Telephone/Fax (Include Area Code):**

12. **SIGNATURE of Complainant (or ATTORNEY) DATE**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### PART III  ALLEGED DISCRIMINATORY ACTIONS

13. Name and Address of Agency/office that took the action at issue (if different than item 5.)

<table>
<thead>
<tr>
<th>Office and Organizational Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip Code</td>
</tr>
</tbody>
</table>

14. If your complaint involves non-selection for a position, please complete the following:

<table>
<thead>
<tr>
<th>Vacancy Announcement No.</th>
<th>Date Learned of Non-selection</th>
</tr>
</thead>
</table>

15. Mark below ONLY the basis(es) you believe were relied on to take the actions described in #17.

- [ ] Race (Specify) ...............................................................  
- [ ] Color (State Complexion) .................................................  
- [ ] Religion (Specify) ..........................................................  
- [ ] Sex (Gender, Sexual Harassment, Pregnancy, Sexual Orientation, Gender Identity, or Transgender Status) ..........................................................  
- [ ] National Origin (Specify) .................................................  
- [ ] Age (Date of Birth) ...........................................................  
- [ ] Mental Disability (Specify) ..............................................  
- [ ] Physical Disability (Specify) ............................................  
- [ ] Equal Pay/Compensation (Specify) .......................................  
- [ ] Genetic Information (Specify) ............................................  
- [ ] Retaliation (Date(s) of prior EEO Activity) ...........................  

16. Mark below ONLY the claim(s) you believe were relied on to take the actions described in #17.

- [ ] 1. Appointment/Hire .............................................................  
- [ ] 2. Assignment Of Duties ......................................................  
- [ ] 3. Awards ..........................................................................  
- [ ] 4. Conversion To Full-Time ...................................................  
- [ ] 5. Disciplinary Action:
  - [ ] A. Demotion ................................................................  
  - [ ] B. Reprimand ..................................................................  
  - [ ] C. Suspension ..................................................................  
  - [ ] D. Termination ..................................................................  
  - [ ] E. Other .........................................................................  
- [ ] 6. Duty Hours. .....................................................................  
- [ ] 7. Evaluation/Appraisal .........................................................  
- [ ] 8. Examination/Test ...............................................................  
- [ ] 9. Harassment:
  - [ ] A. Non-Sexual ................................................................  
  - [ ] B. Sexual .......................................................................  
  - [ ] C. Hostile Work Environment (non-sexual) ...........................  
  - [ ] D. Hostile Work Environment (sexual) ...............................  
- [ ] 14. Reassignment:
  - [ ] A. Denied .....................................................................  
  - [ ] B. Directed .....................................................................  
- [ ] 15. Reasonable Accommodation — Disability .........................  
- [ ] 16. Reinstatement ................................................................  
- [ ] 17. Religious Accommodation..............................................  
- [ ] 18. Retirement ....................................................................  
- [ ] 19. Sex Stereotyping (LGBT-related discrimination only) ...........  
- [ ] 20. Telework .....................................................................  
- [ ] 21. Termination ...................................................................  
- [ ] 22. Terms/Conditions Of Employment .................................  
DEPARTMENT OF THE TREASURY
Community Development Financial Institutions Fund

Announcement Type: Notice and Request for Public Comment

SUMMARY: The U.S. Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). Currently, the Community Development Financial Institutions Fund (CDFI Fund), U.S. Department of the Treasury, is soliciting comments concerning the Certification of Material Events Form.

DATES: Written comments must be received on or before January 27, 2017 to be assured of consideration.

ADDRESSES: Submit your comments via email to David Meyer, Certification, Compliance Monitoring and Evaluation (CCME) Program Manager, CDFI Fund, at ccme@cdfi.treas.gov.

FOR FURTHER INFORMATION CONTACT: David Meyer, CCME Program Manager, CDFI Fund, U.S. Department of the Treasury, 1500 Pennsylvania Avenue NW., Washington, DC. 20220. The Certification of Material Events Form may be obtained from the CDFI Fund’s Web site at http://www.cdfifund.gov/ccme. Other information regarding the CDFI Fund and its programs may be obtained through the CDFI Fund’s Web site at http://www.cdfifund.gov.

SUPPLEMENTARY INFORMATION:

10. Medical Examination
11. Pay Including Overtime
12. Performance Evaluation/Appraisal
13. Promotion/Non-Selection

17. (A) Describe the action taken against you that you believe was discriminatory; (B) Give the date the action occurred, and the name of each person responsible for the action; (C) Describe how you were treated differently than other employees or applicants because of your race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age (40 years or older), disability (mental and/or physical), genetic information, or in retaliation for your participation in the EEO complaint process or opposition to alleged discriminatory practices; (D) Indicate what harm, if any, came to you in your work situation as a result of this action. (You may attach extra sheets.)

18. What remedial or corrective action are you seeking?

PART IV EEO COUNSELOR CONTACT

19. When did the most recent discriminatory event occur?

20. When did you first become aware of the alleged discrimination?

21. When did you contact an EEO Counselor?

22. Did you discuss ALL actions raised in item 17 with an EEO Counselor? □ YES □ NO

23. Name and Telephone number of EEO Counselor

24. When did you receive your Notice of Right to File a Discrimination Complaint?

25. On this same matter, have you filed a grievance or appeal under:

- Negotiated Grievance procedures □ YES □ NO
- Agency grievance procedure □ YES □ NO
- MSPB appeal procedure □ YES □ NO

If you filed a grievance or appeal, provide date filed, case number, and present status.