

**PART III ALLEGED DISCRIMINATORY ACTIONS**

<p>13. NAME OF PERSON OR DHS COMPONENT WHO TOOK THE ACTION AT ISSUE. <b>CBP/MIA AT-CET Management</b></p> <p>FIRM/ORGANIZATION <b>DHS/CBP</b></p> <p>STREET ADDRESS <b>6601 N.W. 25th Street</b></p> <p>CITY, STATE, &amp; ZIP CODE <b>Miami, FL 33122</b></p>	<p>14. ARE YOU WILLING TO PARTICIPATE IN MEDIATION OR OTHER AVAILABLE TYPES OF ALTERNATIVE DISPUTE RESOLUTION TO RESOLVE YOUR COMPLAINT?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p>
--	--

15. **A.** Describe the action taken against you that you believe was discriminatory.  
**B.** Give the date when the action occurred, and the name of each person responsible for the action.  
**C.** Describe how you were treated differently from other employees, applicants, or members for any of the reasons listed in Item 16.  
**D.** Indicate what harm, if any, came to you in your work situation as a result of this action. (You may, but are not required to, attach extra sheets.)  
**E.** If the basis of your complaint is parental status, sexual orientation, or protected genetic information, use this form, but your complaint is not statutorily based and will follow a separate, parallel process.

[SEE ATTACHED COMPLAINT]

16. Mark below **ONLY** the bases you believe were relied on to take the actions described in Item 15.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> RACE                    | <input checked="" type="checkbox"/> AGE ( <i>Date of Birth</i> )                     |
| <input type="checkbox"/> COLOR                              | <input type="checkbox"/> PHYSICAL OR MENTAL DISABILITY ( <i>Describe</i> )           |
| <input type="checkbox"/> RELIGION                           | <input type="checkbox"/> RETALIATION/REPRISAL ( <i>Dates of Prior EEO Activity</i> ) |
| <input type="checkbox"/> NATIONAL ORIGIN ( <i>Specify</i> ) | <input type="checkbox"/> SEXUAL ORIENTATION  |
| <input type="checkbox"/> SEX ( <i>Specify</i> )             | <input type="checkbox"/> PARENTAL STATUS   |
|   | <input type="checkbox"/> PROTECTED GENETIC INFORMATION                               |

17. WHAT REMEDIAL OR CORRECTIVE ACTION ARE YOU SEEKING TO RESOLVE THIS MATTER

**Placement in duty station that I held before discrimination acts and promotion and overtime pay ent**

18. ON THIS SAME MATTER, HAVE YOU FILED A GRIEVANCE OR APPEAL UNDER:

- |   |                              |  |
|---|------------------------------|--|
| Negotiated grievance procedure                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Agency grievance procedure                      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Merit Systems Protection Board appeal procedure | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

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

**PART IV CONTACT**

**EEO/EO Counseling is not required if you are requesting amendment of an existing, open complaint. Complete items 24 and 25, even if you did not contact a counselor.**

<p>19. DATE YOU CONTACTED AN EEO COUNSELOR <b>12/08/2008</b></p>	<p>20. NAME AND TELEPHONE NUMBER OF EEO COUNSELOR Name <b>Salim C ABDDEEN</b> Phone <b>305-869-5952</b></p>
<p>21. DID YOU DISCUSS ALL ACTIONS RAISED IN ITEM 15 WITH AN EEO COUNSELOR? (<i>If NO, explain on attached sheet</i>) <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p>22. DATE YOU RECEIVED YOUR "NOTICE OF RIGHT TO FILE" <b>02/10/2009</b></p>
<p>23. IF YOU ARE REQUESTING AMENDMENT OF AN EXISTING, OPEN, FORMAL COMPLAINT (OR PROVIDING ADDITIONAL EVIDENCE), INDICATE THE COMPLAINT CASE NUMBER OF THAT COMPLAINT.</p>	<p>24. DATE OF MOST RECENT DISCRIMINATORY EVENT <b>01/21/2009</b></p>
	<p>25. DATE YOU FIRST BECAME AWARE OF THE ALLEGED DISCRIMINATION <b>11/12/2008</b></p>

**U.S. CUSTOMS AND BORDER PROTECTION  
OFFICE OF EQUAL OPPORTUNITY  
COMPLAINTS PROCESSING CENTER**

KENNETH D. HUMPHREY,	)	Case No.:
	)	
Complainant,	)	CBP Informal Complaint Number: HS-
	)	09-CBP-003066-09014
vs.	)	
	)	
U. S. CUSTOMS and BORDER PROTECTION MIA,	)	
	)	
CBP MIAMI INTERNATIONAL AIRPORT - MANAGEMENT,	)	
	)	
CBP MIAMI INTERNATIONAL AIRPORT AT-CET	)	
	)	
MANAGEMENT,	)	
	)	
Respondents,	)	
_____	)	

**DISCRIMINATION AND RETALIATION COMPLAINT**

**DEMAND FOR RIGHT TO SUE**

1. Kenneth D Humphrey, the Complainant in the above styled action, files this Formal Complaint and shows the EEO Director of the Department of Homeland Security as follows:

**NATURE OF THE CLAIM**

2. This is a Formal Complaint, brought by Complainant, Kenneth D Humphrey, a 63 year old Customs and Border Protection Officer at MIA, against the Respondents, U.S. Customs and Border Protection MIA, CBP Management/ Miami

International Airport, and CBP Management/ Miami International Airport AT-CET Operations.

3. Complainant seek declaratory, injunctive and other equitable relief, and compensatory and punitive damages, based on Respondents' continuing deprivation of Civil Rights accorded to the named Complainant, when Respondents willfully placed and still are placing Complainant in harms way through a pattern of racketeering activity in maintaining both discriminatory and retaliatory practices. Respondents using ***FLOATING CBP PERSONNEL STANDARDS*** have defrauded Complainant out of fair employment opportunities under the doctrines of "Covered Employees" and the "National Standard Bid Opportunity Announcement" that have been subjectively administered against Complainant. Respondents should be held liable for unlawful, unnecessary and wanton infliction of pain and financial losses to Complainant on the basis of perceived race, color, ethnicity, alienage, or national origin and age of Complainant. Respondents' actions were and are intentional and in violation of Title VII of the Civil Rights Act of 1964 and the Age Discrimination in Employment Act of 1967 (ADEA). In addition to seeking compensatory and punitive damages, Complainant seeks declaratory and injunctive relief requiring Respondents to desist from and remedy such discriminatory and racketeering actions.

**INTRODUCTION STATEMENT**

4. This Civil Rights action is brought to ensure that the promise of equal treatment embodied in Federal Anti-discrimination Laws does not become

FORMAL COMPLAINT - 2

: 00025

000025

meaningless guarantees for persons perceived as African, other racial minorities and older workers.

5. This Civil Rights action emphasizes Respondents employment practices that discriminates and inflicts financial losses to persons based on race, color, and/or age.
6. During Complainant's nine years of U.S.Customs/CBP employment, Complainant underwent and witness tremendous discriminatory obstacles and bureaucratic bias restrictions for fair employment opportunities at MIA for persons based mostly on race or color and age.
7. Complainant notice the unfair disenfranchised, mostly by race and age. Anglo males, Anglo Latin males, Anglo females and Latin females all younger, were given vast number of beneficial opportunities that were not being afforded to (what is proven by practice) the bottom of the rung - older African descendant's males.
8. Complainant can testify firsthand from personal and witnessed, judgments issued by CBP/MIA and CBP/MIA AT-CET Managements, that African descendants were always dealt the harshest and often most punitive managerial decisions.
9. The **CBP Human Capital Survey Results** from 2006 to 2008, shows less than 10-13% of employees ever felt pay raises depend on how well employees performed their jobs. Only approximately 25% of employees believed promotions in work units are based on merit, or that differences in performances are recognized in a meaningful way, and that steps were being taken to deal with slackers.
10. In this environment, especially at MIA, no one can imagine how an older African descendant male would not undergo tremendous discriminatory

FORMAL COMPLAINT - 3

: 00026

000026