**COUNSELOR REPORT**

**CASE NUMBER:** **govcdm\_name**

**COUNSELOR NAME: firstname lastname**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Aggrieved Party: | | | | | firstname lastname | | | | | | | |
| Home and/or Alternate Address: | | | | | address1\_line1 address1\_line2  address1\_city, govcdm\_address1statepicklist address1\_postalcode | | | | | | | |
| Home Telephone Number: | | | | | govcdm\_preferredphone | | | | | | | |
| Cellular/Mobile Number | | | | | govcdm\_preferredphone | | | | | | | |
| Business Address: | | | | | govcdm\_stationname  govcdm\_facilityaddress govcdm\_facilityaddress2  govcdm\_facilitycity, govcdm\_facilitystate govcdm\_facilityzip | | | | | | | |
| Business Telephone Number: | | | | | govcdm\_telephone1 | | | | | | | |
| Email Address: | | | | | emailaddress3 | | | | | | | |
| Position Title/Grade: | | | | | jobtitle/govcdm\_grade | | | | | | | |
| Employee |  | Former Employee |  | Applicant | | |  | Contractor | | | |  |
| VHA |  | VBA |  | NCA | | |  | Canteen | |  | Other |  |
| Title 5 |  | Title 38 |  | Hybrid T38 | | |  | Full-time | |  | Part-time |  |
| Probationary |  | Career |  | Career Conditional | | |  | Temporary | |  | Term |  |
| Name of Facility: | | | | | | govcdm\_stationname | | | | | | |
| Address of Facility: | | | | | | govcdm\_facilityaddress govcdm\_facilityaddress2  govcdm\_facilitycity, govcdm\_facilitystate govcdm\_facilityzip | | | | | | |
| Facility Telephone Number: | | | | | |  | | | | | | |
| Name of Representative: | | | | | | firstname lastname | | | Attorney: <Yes/No> | | | |
| Representative’s Address: | | | | | | address1\_line1 address1\_line2  address1\_city, govcdm\_address1statepicklist address1\_postalcode | | | | | | |
| Representative’s Telephone: | | | | | | govcdm\_preferredphone | | | | | | |

**NOTIFICATION OF PROCEDURAL RIGHTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Initial Contact: | Telephone: |  | Date | **govcdm\_datetimeofinitialcontact** |
| Initial Interview: | Telephone: |  | Date | **govcdm\_dateofinitialinterview** |
| Rights & Responsibilities/Notices: | Email: | **govcdm\_datenorrissued** | Date | **govcdm\_datenorrreceived** |
| Notice to Unreachable Aggrieved: | Email: | **govcdm\_datenousent** | Date | **govcdm\_datenoureceived** |
| Agreed to Waive Anonymity: | <YES [ ] | NO [ ] | Date | **govcdm\_datenorrissued** |
| Notification to Facility Director | Email: |  | Date | **govcdm\_datedirectorsentnoticeofcounseling** |
| ADR offered by facility [ ] MOU [ ]: | <YES [ ] | NO [ ] | Date: | **govcdm\_datecroffered** |
| Facility Returned Signed Refusal | <YES [ ] | NO [ ] | Date | **govcdm\_datefacilityrefusedtocr** |
| ADR Agreed to by Aggrieved: | <YES [ ] | NO [ ] | Date: | **govcdm\_dateapagreedtocr** |
| Settlement (SA): <[ ] | Withdrawal (WD): [ ] | | Date: |  |
| Notice of Closure (for SA/WD): | Regular Mail: | **govcdm\_datedecisionissuedtoap** | Rec’d: | **govcdm\_datedecisionreceived** |
| Notice of Right to File: | Email: | **govcdm\_datenoticeofrighttofileissued** | Date: | **govcdm\_datenoticeofrighttofilereceived** |

**RMO INFORMATION**

**Remove contacts that are not RMO**

|  |
| --- |
| Responding Management Official(s): <First and Last Name, Title and phone number> |
| govcdm\_firstname govcdm\_lastname, govcdm\_jobtitle, govcdm\_preferredphone, govcdm\_eeocontactrole |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **<Claim>:** **<Incident Date>:** **<Basis>:** | | | | | | |
|  | Yes (date) | No |  | Yes (date) | No | If claim is untimely, explain reason for the untimeliness in description of claim below.\* |
| Mixed Case | < | > | MSPB Filed | < | > |
| Union Grievance Filed | < | > | Is Claim Timely | < | > |
| Administrative Grievance Filed | | | | < | > |
| Have you contacted another EEO Official? | | | | < | > | (EEO Official Name) |

**Brief Description of Claim:**

**Resolution Sought:**

**Management’s Response:**

**Informal Documents Requested and/or Not Received:**

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**CLAIM INFO to populate above (This info is to be deleted once moved to claim section.)**

|  |  |  |
| --- | --- | --- |
| **Claim(s)** | **Date(s) of Occurrence** | **Basis(es)** |
| **govcdm\_claimtype** | **govcdm\_dateofincident** | **govcdm\_basis** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Claim** | **Mixed Case** | **MSPB Filed** | **MSPB date** |
| **govcdm\_claimtype** | **govcdm\_mixedcase** | **govcdm\_ismspb** | **govcdm\_mspb** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Claim** | **Union Griev Filed** | **Union Griev date** | **Claim Timely** |
| **govcdm\_claimtype** | **govcdm\_isuniongrievancefiled** | **govcdm\_uniongrievancefiled** | **govcdm\_claimtimely** |

|  |  |  |
| --- | --- | --- |
| **Claim** | **Admin Griev Filed** | **Admin Griev date** |
| **govcdm\_claimtype** | **govcdm\_isadmingrievancefiled** | **govcdm\_administrativegrievancefiled** |

**BRIEF DESCRIPTION OF CLAIM to populate:**

|  |  |
| --- | --- |
| **Claim** | **Brief Description** |
| **govcdm\_claimtype** | **govcdm\_briefdescriptionofclaim** |

**RESOLUTION SOUGHT to populate**

|  |  |
| --- | --- |
| **Claim** | **Resolution Sought** |
| **govcdm\_claimtype** | **govcdm\_resolutionsought** |

**MANAGEMENT’S RESPONSE to populate**

|  |  |
| --- | --- |
| **Claim** | **Management Response** |
| **govcdm\_claim** | **govcdm\_response** |

**INFORMAL DOCUMENTS to populate**

|  |  |
| --- | --- |
| **Claim** | **Informal Documents Requested and/or Not Received** |
| **govcdm\_claimtype** | **govcdm\_informaldocumentsrequested** |

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**SUMMARY OF RESOLUTION EFFORTS**

**FINAL INTERVIEW**

During the final interview the results of informal counseling and resolution efforts were discussed with the aggrieved party. The aggrieved was informed that the claim listed above was the only claim addressed during the informal EEO counseling. If a formal Complaint of Discrimination is filed, a claim that has not been brought to the attention of an EEO counselor and is not like or related to a claim that has been brought to the attention of an EEO counselor is subject to dismissal in accordance to CFR 1614.107 a(2). The Notice of Right to File a Discrimination Complaint and VA Form 4939 were sent by **email/UPS/USPS** on **govcdm\_datenoticeofrighttofileissued**.

firstname lastname

EEO Counselor Date: <>