**ALTERNATIVE DISPUTE RESOLUTION (ADR) NOTICE**

U.S. Equal Employment Opportunity Commission (EEOC) regulations at 29 C.F.R. § 1614.102(b)(2) require that the EEO counselor fully inform you, at the initial contact or as soon as possible thereafter, of the following:

* how the agency ADR program works and how to participate in the program where the agency agrees to offer ADR;
* if you choose to participate in an ADR program, the counseling period will be extended to ninety (90) days;
* you have the right to file a formal complaint if your complaint is not resolved through ADR.

Participation in an ADR program is voluntary on your part, as well as on management’s part. ADR may be entered into at any time during the counseling process. If during counseling, participation in an ADR program is agreed upon by you and management, the counseling period may be extended up to, but not more than, 90 calendar days. Once ADR has been agreed upon through the counseling process, the election to ADR is final.

If you choose to participate in an ADR program, fact-finding will be conducted for determining jurisdictional questions, including whether there may be issues relating to the timeliness of your initial contact with an EEO Counselor. The agency will obtain information concerning the claims and basis, in order to identify the legal claim raised if you file a complaint at the conclusion of the EEO counseling or ADR process**.**

If you have questions about the agency ADR program, you may contact **Name of ADR Coordinator, ADR Coordinator** at **XXX-XXX-XXXX**. If you have questions about EEO counseling under the regulations at 29 C.F.R. § 1614, you should ask me or another EEO Counselor.

By signing below, I certify that I have been informed of the applicability of 29 C.F.R. §1614.105(f) and have been provided a copy of this form. I understand that the original or a copy of this form will be made a part of the EEO counselor’s file as evidence of the counselor’s compliance with 29 C.F.R. §1614.105(f). **I understand that my signature on this form merely indicates I have been advised of the ADR process and does not constitute an election to participate in mediation. I understand that if the agency offers to participate in mediation, I will be contacted by the EEO counselor and provided the opportunity to make an election to participate in ADR.**

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firstname lastname, Aggrieved Person Date

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

firstname lastname, Representative Date

Facility Name/Address:

govcdm\_stationname govcdm\_facilityaddress govcdm\_facilityaddress2 govcdm\_facilitycity, govcdm\_facilitystate govcdm\_facilityzip

ORMDI Case Number govcdm\_name Date of EEO Contact **govcdm\_datetimeofinitialcontact**