In reply refer to: 08

January 18, 2024

VIA: **(Delivery Method)** emailaddress3

firstname lastname

address1\_line1 address1\_line2

address1\_city, govcdm\_address1statepicklist address1\_postalcode

**SUBJECT: Notice of Advisement of Rights in EEO Complaint for** **govcdm\_firstname govcdm\_lastname, Case No. govcdm\_name, Filed govcdm\_dateformalcomplaintfiled.**

Dearfirstname lastname:

1. The purpose of this letter is to provide you and your client with a copy of the investigative file, and to advise you of further complaint processing rights. The enclosed CD is password protected. The password is located on the Assignment of Investigator Letter you received at the commencement of the investigation.

2. At this time, your client has the right to request **one** of the following options:

* Your client may elect an immediate final agency decision (FAD) from VA’s Office of Employment Discrimination Complaint Adjudication (OEDCA).

OR

* Your client may elect a hearing before the U.S. Equal Employment Opportunity Commission (EEOC).

OR

* Your client may withdraw the subject complaint which would cease further processing of the complaint.

3. For your convenience, we have attached an election form with your client’s processing options. One of these options must be chosen within **30-calendar days of your receipt of this letter.** The form must be received or postmarked by the 30th day. Please check the box next to the option you wish to exercise, sign, date and return the form via email or fax to:

**Department of Veterans Affairs**

**Office of Resolution Management, Diversity & Inclusion 08**

**govcdm\_name**

**govcdm\_address1\_line1 govcdm\_address1\_line2**

**govcdm\_address1\_city, govcdm\_address1statepicklist govcdm\_address1\_postalcode**

**Fax: govcdm\_fax**

**Email: @va.gov**

**You are *strongly encouraged* to use email to submit your correspondence and/or documents to ORMDI.**

4. Please note if your client elects a hearing before the EEOC, your client may file a request for hearing and submit relevant documents through the EEOC’s Public Portal.

To access the Public Portal, go to <https://publicportal.eeoc.gov>. To begin, click on the link: “Filing with EEOC” and answer the questions. After submitting request for a hearing, complainants can then use the Public Portal’s “My Cases” feature to view their hearing matters in one convenient location. Complainants can also identify and manage their representative contact information in the Portal. Once identified by a complainant, registered representatives can then upload documentation on their client’s behalf.

If a complainant does not want to use the Public Portal, requests for a hearing before the EEOC and supporting documents can still be submitted directly to the EEOC office at the following address AND also providing a copy of the request to the agency at the address above. ***Failure to provide a copy of the request to the ORMDI may result in forfeiture of the right to a hearing.***

**U.S. Equal Employment Opportunity Commission**

**EEOC Office**

**Address**

**City, State, Zip**

**fax number**

Efile: <https://publicportal.eeoc.gov>

5. The 30-calendar days time limit for requesting a hearing or a FAD is non-discretionary and we are without authority to extend it, even if your client agrees to discuss settlement with a facility official.

6. In addition to the above, your client has the right to elect to participate in the Agency’s Alternative Dispute Resolution (ADR) Program which is designed to resolve individual disputes such as EEO complaints.  Please note that an election of ADR does not toll or waive the time requirements for electing a hearing or FAD. Therefore, your client must still make his/her election within the 30-calendar days time limit.

7. If your client elects to participate in the ADR Program, a written request for ADR must be submitted within **ten (10) calendar days of your receipt of this letter**. The request for ADR must be sent via email to the ADR Program Office as follows:

**Department of Veterans Affairs**

**ADR Program Office (08)**

**810 Vermont Ave, NW**

**Washington, DC  20420**

**Fax Number: (202) 501-2885**

[workplaceadr@va.gov](mailto:workplaceadr@va.gov)

8. If you have any questions about your client’s rights, please contact firstname lastname, ORMDI Case Manager at address1\_telephone1, internalemailaddress before expiration of the 30-calendar days time limit. **You are *strongly encouraged* to use email to submit your correspondence and/or documents to ORMDI.**

Sincerely,

firstname lastname

District Manager

Enclosures: Investigation File

Hearing Request Form

Post Investigation Form

cc: govcdm\_firstname govcdm\_lastname, emailaddress3

**Facility Director (00) and email**

**Hearing Request Form**

**EEOC Hearings Unit**

Efile: [https://publicportal.eeoc.gov](https://publicportal.eeoc.gov/)

**U.S. Equal Employment Opportunity Commission**

**EEOC Office**

**Address**

**City, State, Zip**

Dear Sir/Madam:

I am requesting the appointment of an EEOC Administrative Judge pursuant to 29 C.F.R. § 1614.108(h).  I hereby certify that either more than 180 days have passed from the date I filed my complaint; or I have received a notice from the agency that I have 30 days to elect a hearing or a final agency decision.

My name: **govcdm\_firstname govcdm\_lastname**

**govcdm\_address1\_line1 govcdm\_address1\_line2**

**govcdm\_address1\_city, govcdm\_address1statepicklist govcdm\_address1\_postalcode**

**emailaddress3**

**govcdm\_preferredphone**

Representative: **firstname lastname**

**address1\_line1 address1\_line2**

**address1\_city, govcdm\_address1statepicklist address1\_postalcode**

**emailaddress3**

**address3\_telephone3**

Agency Case No: **govcdm\_name**

Date Filed: **govcdm\_dateformalcomplaintfiled**

In accordance with 29 C.F.R. § 1614.108(h), I hereby certify that I have sent a copy of this request for a hearing to the following person at the agency:

Case Manager: **firstname lastname**

**govcdm\_name**

**govcdm\_address1\_line1 govcdm\_address1\_line2**

**govcdm\_address1\_city, govcdm\_address1statepicklist govcdm\_address1\_postalcode**

**internalemailaddress**

**You are *strongly encouraged* to use email to submit your correspondence and/or documents to ORMDI.**

Sincerely,

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

govcdm\_firstname govcdm\_lastname Date

**Post Investigation Election Form**

govcdm\_firstname govcdm\_lastname  
 govcdm\_name

govcdm\_stationname

govcdm\_facilityaddress govcdm\_facilityaddress2

govcdm\_facilitycity, govcdm\_facilitystate govcdm\_facilityzip

As stated on the ***Advisement of Rights Notice***, please indicate your election by checking the box next to **ONE** of the following processing options.

* Request a final agency decision (FAD) from the Office of Employment Discrimination Complaint Adjudication (OEDCA).
* Request a hearing from the Equal Employment Opportunity Commission. **Note: If you select this option, please fill out the attached Hearing Request Form. *Failure to provide a copy of the request to the agency may result in forfeiture of the right to a hearing.***
* By checking this box, I voluntarily withdraw my complaint. I understand that my withdrawal is final, that processing of my complaint will cease, and I am precluded from reinstating these matters in the future. This withdrawal is voluntary, and no one, including agents of the Office of Resolution Management, Diversity & Inclusion, the Department of Veterans Affairs, nor any other Federal agency, has coerced, intimidated, or threatened me to take this action.

**Please email or fax this form to:**

**Department of Veterans Affairs**

**Office of Resolution Management, Diversity & Inclusion**

**govcdm\_name**

**govcdm\_address1\_line1 govcdm\_address1\_line2**

**govcdm\_address1\_city, govcdm\_address1statepicklist govcdm\_address1\_postalcode**

**Fax: govcdm\_fax**

**Email: @va.gov**

**You are *strongly encouraged* to use email to submit your correspondence and/or documents to ORMDI.**

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

govcdm\_firstname govcdm\_lastname Date