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 inform you and your client that due to a recent decision, the Office of Resolution Management, Diversity & Inclusion (ORMDI) is required to re-issue you and your client election rights following the completion of your client’s supplemental investigation. You and your client already received copies of the supplemental investigative files on **(date)**.

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 is non-discretionary and we are without authority to extend it, even if your client agrees to discuss settlement with a facility official. Consequently, if your client desires a hearing, it must be requested before the expiration of the 30-calendar days time limit.

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 (or alternatively mailed) 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: Hearing Request Form

Post Investigation Form

cc: govcdm\_firstname govcdm\_lastname, emailaddress3

**COMPLAINANT RIGHTS – POST INVESTIGATION (MIXED CASE)**

Your EEO complaint is a mixed-case complaint because it involves matters that are appealable to the Merit Systems Protection Board (MSPB). You have different rights for the mixed and non-mixed portions of your complaint. Your rights for the **non-mixed portion** of your complaint are as follows:

|  |
| --- |
| **Option #1 Requesting a Hearing** |

Please note if you elect a hearing before the EEOC, you 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 you submit your 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 provide a copy of the request to the agency at the address above. Your request for an EEOC hearing should be mailed or sent via facsimile as follows:

|  |  |
| --- | --- |
| To request that EEOC appoint an administrative judge to hear your complaint, complete the enclosed “Hearing Request Form” and send it to: | You **must** also send a **copy** of your EEOC hearing request to this office. ***Failure to provide a copy of the request to the agency may result in forfeiture of the right to a hearing.*** |
| U.S. Equal Employment Opportunity Commission  **Address**  **City, State, Zip**  Fax Number: (xxx) xxx-xxxx  (Please check for address)  <https://publicportal.eeoc.gov> | Department of Veterans Affairs  Office of Resolution Management, Diversity & Inclusion 08X  **govcdm\_name**  **govcdm\_address1\_line1 govcdm\_address1\_line2**  **govcdm\_address1\_city, govcdm\_address1statepicklist govcdm\_address1\_postalcode**  Fax Number: (xxx) xxx-xxxx  **You are *strongly encouraged* to use email to submit your correspondence to ORMDI at Email: @va.gov** |

You are required to certify to the EEOC administrative judge that you sent a copy of the request for a hearing to the Office of Resolution Management at the above address.

|  |
| --- |
| **Option #2 Requesting a Final Agency Decision** |

You may elect to request an immediate final agency decision (FAD) on the merits of your complaint from the VA’s Office of Employment Discrimination Complaint Adjudication (OEDCA).

|  |
| --- |
| To request a FAD, complete the enclosed “Post Investigation Election Form” and send it 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 Number: (xxx) xxx-xxxx  **You are *strongly encouraged* to use email to submit your correspondence to ORMDI at Email: @va.gov** |

|  |
| --- |
| **ADR** |

In addition to the above, you have the right to elect to participate in the Agency’s Alternative Dispute Resolution (ADR) Program for both the mixed and non-mixed portions of your complaint.  An election of ADR does not toll or waive the time requirements for electing a hearing or FAD on the non-mixed portion of your complaint. Therefore, you must make an election of one of the two options outlined above within the 30-calendar days time limit, even if you request to participate in ADR.

|  |
| --- |
| **Requesting ADR** |

If you elect to participate in the ADR Program, you must submit a written request for ADR 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**

**Email Address:** [**WorkplaceADR@va.gov**](mailto:WorkplaceADR@va.gov)

**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