In reply refer to: 08

January 17, 2024

VIA: **(Delivery Method)** emailaddress3

firstname lastname

address1\_line1 address1\_line2

address1\_city, govcdm\_address1statepicklist address1\_postalcode

**Subject: Notice of Acceptance of the “Mixed Case” EEO Complaint of govcdm\_firstname govcdm\_lastname, Case No. govcdm\_name, Filed govcdm\_dateformalcomplaintfiled against officials of the govcdm\_stationname in** **govcdm\_facilitycity, govcdm\_facilitystate.**

1. On **govcdm\_datetimeofinitialcontact**, your client initiated contact with an EEO counselor. Counseling concluded on **govcdm\_datenoticeofrighttofileissued**, when you and your client were provided via **(Form of Mail Used**), the *Notice of Right to File a Discrimination Complaint*, which you received on **<date atty received NORTF>,** and your client received on **<date complainant received NORTF.** On **govcdm\_dateformalcomplaintfiled**, your client filed a formal complaint of discrimination, VA Form 4939.

\*If CP did not elect representation until after counseling, second sentence, including footnote, should read as follows: Counseling concluded on **govcdm\_datenoticeofrighttofileissued**, when your client was emailed[[1]](#footnote-1) the *Notice of Right to File a Discrimination Complaint*, which was received on **<Date complainant received NORFT>**.

2. Your client’s complaint of discrimination raises the following claim[s]:

|  |
| --- |
| **Claim(s)** |
| govcdm\_claimtype |
| govcdm\_claimtypeother |

**Whether complainant was discriminated against based on [bases], when on [Insert date], [she/he] was [describe employment harm].**

**\*If claim is HWE frame as follows: Whether complainant was subjected to a hostile work environment based on [bases] as evidenced by the following events:**

We have determined that the claim**(s)** stated above meet**(s)** procedural requirements and **is/are** therefore **ACCEPTED** for investigation and further processing.

3. If you or your client believe that the accepted claim**(s) is/are** improperly formulated, incomplete, or incorrect, you have the opportunity to notify this office within **7 calendar days** of receipt of this letter, in writing, by email or fax, to state **his/her** disagreement. If you submit a written statement, it will be included as an official record in the complaint file. If you or your client do not contact this office within **7 calendar days**, it will be assumed that the claim**(s) is/are** correctly stated.

4. The accepted **claim(s)** will be assigned to an impartial investigator under the supervision of the Office of Resolution Management, Diversity & Inclusion (ORMDI). The investigator will contact you directly in order to obtain information or evidence your client may wish to offer. The investigation and final agency decision must be completed within 120 calendar days of the filing of the complaint. You and your client will be provided a copy of the investigative file upon completion and will be advised, in writing, that the file will be transmitted to the Office of Employment Discrimination Complaint Adjudication (OEDCA) for a Final Agency Decision (FAD). The FAD will be issued within 45 calendar days of your receipt of the investigative file. OEDCA will advise you and your client of its decision and the right to appeal the FAD, within **30 calendar days** of your receipt, to the U.S. Merit Systems Protection Board (MSPB).

5. If you and your client do not receive a FAD on the complaint within 120 calendar days of the date your client filed the formal complaint of discrimination, you have the right to file an appeal with the U.S. Merit Systems Protection Board (MSPB) without waiting further or you and your client may file a civil action, but not both. You and your client may not file an appeal before the 121st day, unless you receive a FAD on the complaint sooner. To file an appeal with MSPB, you must complete the enclosed “MSPB Appeal Form” and efile it at [www.mspb.gov/appeal](http://www.mspb.gov/appeal) or send it to:

**Regional Director**

**Merit Systems Protection Board**

**Address**

**City, state, zip**

**Efile:** [www.mspb.gov](http://www.mspb.gov)

6. If your client files a civil action, the **Secretary of Veterans Affairs,** must be namedas the defendant.Failure to provide the name and official title of the Secretary of the Department may result in dismissal of the case.

7. You and your client must keep this office advised of any change of address. Failure to do so could lead to dismissal of the complaint. All subsequent actions on the complaint will be delivered to you, with copies to the complainant, unless the complainant advises us in writing that s/he is no longer represented by you.

8. The Equal Employment Opportunity Commission (EEOC) encourages the use of Alternative Dispute Resolution (ADR) to resolve EEO complaints at the lowest possible level. Agencies and complainants can realize many advantages from using ADR. ADR offers the parties the opportunity for an early, informal resolution of disputes in a mutually satisfactory fashion. If you or your client are interested in using mediation to address the issues raised in this complaint, please contact the ORMDI Case Manager listed below or the ADR Program Manager at [workplaceadr@va.gov](mailto:workplaceadr@va.gov).

9. If you have any questions concerning the processing of this complaint, please contact firstname lastname ORMDI Case Manager at address1\_telephone1, internalemailaddress.**You are *strongly encouraged* to use email to submit your correspondence and/or documents to ORMDI.**

Sincerely,

firstname lastname

District Manager

Enclosure: MSPB Appeal Form

cc: govcdm\_firstname govcdm\_lastname, emailaddress3

Facility Director and email

1. Complainant did not obtain representation until after counseling concluded. [↑](#footnote-ref-1)