In reply refer to: 08

September 7, 2022

VIA: **(Delivery Method)** emailaddress3

firstname lastname

address1\_line1 address1\_line2

address1\_city, govcdm\_address1statepicklist address1\_postalcode

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

Dear firstname lastname:

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

2. Your 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:**

**(HWE claims are to be written and analyzed using desktop guide with paragraph 3 below removed and remaining paragraphs renumbered accordingly)**

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 believe that the accepted **claim(s) is/are** improperly formulated, incomplete, or incorrect, you must notify this office within **7 calendar** **days** of receipt of this letter, in writing, by mail or fax, stating your disagreement. Your statement will be included as part of the official record in the complaint file. If you do not contact this office within **7 calendar days**, we will assume 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 you may wish to offer. The investigation and final agency decision must be completed within 120 calendar days of the filing of your complaint. You will be provided a copy of the investigative file upon completion. At that time, you will be advised in writing that 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 of its decision and of your right to appeal the FAD, within **30 calendar days** of your receipt, to the U.S. Merit Systems Protection Board (MSPB).

5. If you do not receive a FAD on your complaint within 120 calendar days of the date you filed your 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 may file a civil action, but not both. You may not, however, file an appeal before the 121st day, unless you receive a FAD on your complaint sooner. To efile an appeal with MSPB **at** [**www.mspb.gov/appeals**](http://www.mspb.gov/appeals), you must complete the enclosed “MSPB Appeal Form”. You can also file by completing the MSPB Appeal Form and sending it to:

**Regional Director**

**Merit Systems Protection Board**

**Address**

**City, state, zip**

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

6. If you file a civil action, you must name the **Secretary of Veterans Affairs** as the defendant.Failure to provide the name and official title of the Secretary of the Department may result in dismissal of the case. If you do not have an attorney or are unable to afford one, the court may, in its discretion and upon your request, appoint an attorney to represent you. The court may also authorize the civil action to begin without payment of fees, costs, or security.

7. You must keep this office advised of any change of address. Failure to do so could lead to dismissal of your complaint. You must also immediately advise this office, in writing, of the name, address, and telephone number of any person you may choose to represent you. If you advise us of representation, all subsequent actions on your complaint will be delivered to your representative, with copies to you, unless you advise us in writing that you are no longer represented by that individual.

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 are interested in using mediation to address the issues raised in your complaint, please contact the ORMDI Case Manager listed below or the ADR Program Manager at [workplaceadr@va.gov](mailto:workplaceadr@va.gov).

7. If you have any questions, 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: Facility Director and email