In reply refer to: 08

January 24, 2024

VIA: **(Delivery Method)** emailaddress3

govcdm\_firstname govcdm\_lastname

govcdm\_address1\_line1 govcdm\_address1\_line2

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

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

Dear govcdm\_firstname govcdm\_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]:

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| **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. We will assign the accepted claim 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 investigator is only authorized to investigate the claim specified.

5**.** You have additional rights that are fully explained in the enclosure to this letter.

6. **Failure to keep this office advised of any change of address 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, we will mail all subsequent complaint-related correspondence to your representative, with copies to you, unless you advise us, in writing, that you are no longer represented by that individual.

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: Complainant’s Rights

cc: Facility Director and email

**Complainant’s Rights**

The investigation must be completed within **180** calendar days of filing your complaint. You will receive a copy of the investigative file upon completion. You will be advised, in writing, of your right to request a **Final Agency Decision (FAD)** from the VA’s Office of Employment Discrimination Complaint Adjudication (OEDCA) in Washington, DC, or a **hearing** by an administrative judge appointed by the Equal Employment Opportunity Commission (EEOC).

**Requesting a Hearing**

In order to request a hearing, you must meet the following criteria:

* You have received your completed investigative file **-OR-**
* 180 calendar or more days elapsed since you filed your formal complaint (and you have not received your complete investigative file)

Complainants 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 to the EEOC and supporting documents can still be submitted by using the following methods:

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| To request that EEOC appoint an administrative judge to hear your complaint, you must complete EEOC’s “Hearing Request Form” and send it to: | You must send a **copy** of your EEOC hearing request to this office: |
| U.S. Equal Employment Opportunity Commission  **Address**  **City, State, Zip**  Fax Number: (xxx) xxx-xxxx  (Please check for address)  You can request a hearing at <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, Diversity & Inclusion at the above address.

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| **Requesting a Final Agency Decision** |

To request a FAD, you must have received your completed investigative file.

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| To request a FAD, submit the FAD request form which will be included in your investigation file 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** |

If you request a FAD, it will be rendered by VA’s Office of Employment Discrimination Complaint Adjudication (OEDCA) in Washington, DC. The FAD will address all claims, and a decision will be made on the merits of your complaint. You may appeal the FAD to EEOC if you are dissatisfied with the decision. OEDCA will provide you with specific information regarding your appeal rights following its final agency decision, including your right to file a civil action in an appropriate United States District Court.

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| **Requesting Civil Action** |

If you have not received a copy of the investigative file within 180 calendar days from date you filed your formal complaint, and you do not wish to have a hearing, you also have the right to file a civil action in an appropriate United States District Court. If you file a civil action, the court may, at its discretion and upon your request, appoint an attorney to represent you in the matter, if you do not have or cannot afford one. The court may also authorize the civil action to begin without payment of fees, costs, or other security. Finally, if you decide to file a civil action, you must name the **Secretary of Veterans Affairs** as the defendant.

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| **Requesting ADR** |

The EEOC encourages the use of Alternative Dispute Resolution (ADR) to resolve EEO complaints. Agencies and complainants can realize many advantages from using ADR. ADR offers 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 in the letter or the ADR program manager at [workplaceadr@va.gov](mailto:workplaceadr@va.gov).