**Post Investigation Election Form**

firstname 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, 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.**

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firstname lastname Date