**OFFICE OF RESOLUTION MANAGEMENT, DIVERSITY & INCLUSION**

**Request for Final Agency Decision (FAD)**

firstname lastname, District Manager

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**

Dear firstname lastname:

Pursuant to EEO regulations found in 29 C.F.R. §1614.108(f) **I am requesting a Final Agency Decision** by the VA’s Office of Employment Discrimination Complaint Adjudication (OEDCA), Washington, D.C. I have received the Advisement of Rights notice from ORM and understand that I have the right to elect a FAD or an EEOC hearing **but not both.**

My Name: firstname lastname

Facility Complaint Filed Against: govcdm\_name

Address of Facility: govcdm\_stationname

govcdm\_facilityaddress govcdm\_facilityaddress2

govcdm\_facilitycity, govcdm\_facilitystate govcdm\_facilityzip

Agency Case No: govcdm\_name

Date Filed: **govcdm\_dateformalcomplaintfiled**

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

firstname lastname Date

**Please note: This form may be emailed to** **internalemailaddress, or sent via facsimile to (xxx) xxx-xxxx. You are strongly encouraged to use email to submit your correspondence to ORMDI.**