**Requested Documents for Pending EEO Investigations**

**Complainant’s Name:** govcdm\_firstname govcdm\_lastname

**Case Number:** govcdm\_name

**Date Filed:** **govcdm\_dateformalcomplaintfiled**

**Instructions:** Please provide documents checked (√) below. This information is due in the ORMDI Field Office within ten (10) days of receipt of request. Documents must be accompanied by a statement from an appropriate official certifying the documents as true and accurate. Statements must be on official stationery, dated, signed and must include the title of the certifying official. The EEO category(s)/bases of this complaint are checked (√) below:

**EEO CATEGORIES (BASES)**

**Race Color Age (DOB)**

**Sex National** O**rigin Disability**

**Religion Reprisal**

**ACCOMMODATION (Disability)**

**[]** Organizational chart for the organizational unit in which complainant is assigned and in which action occurred, if the units are different.

**[]** Appropriate data and documents for the specific action(s) in question. Refer to the claim and evidence described in the attached Acceptance Letter.

**[]** Medical documentation concerning physical or mental impairment (for disability accommodation only) from VA or complainant’s healthcare provider in the facility’s possession.

**[]** Documentation concerning accommodation requested.

**[]** Documentation concerning non-duty or light duty status, including job or position description or statement of duties (for disability accommodation only).

**[]** Documentation concerning accommodation offer(s) of reassignment.

**[]** Documentation concerning non-reassignment offers of accommodation.

**[]** Position description or functional statement for complainant’s assigned position.

**[]** Complainant’s performance plan effective during the period of impairment.

**[]** Complainant’s two most recent performance evaluations.

**[]** Documentation concerning undue hardship by facility if accommodation was not approved.