In reply refer to: 08

January 29, 2024

VIA: **(Delivery Method)**

District Director

United States Equal Employment

Opportunity Commission (EEOC)

District Office

**<Address>**

**<city, state, Zip>**

**Subject: Referral of Investigative File for Hearing on EEO Complaint Filed by govcdm\_firstname govcdm\_lastname, Case No.** **govcdm\_name Filed on** **govcdm\_dateformalcomplaintfiled**

Dear **(Director)**:

1. Enclosed is the complete investigative file for the EEO complaint filed by firstname lastname. Complainant has informed this office that she/he has submitted a request to EEOC for a hearing before an administrative judge.

2. The contact person in this matter is Name, EEO Program Manager, VA (Name) Healthcare System or (City) VA Medical Center. She/he will make all arrangements for the hearing and can be contacted as follows: Telephone: (xxx) xxx-xxxx, Fax: (xxx) xxx-xxxx, Email: .

3. The Agency is designating (Name), Esq./Attorney, as the Agency Representative for this complaint. Mr./Ms. (Attorney Name) has been provided with a copy of the investigative file and may be reached at the following address, email and telephone number:

**<Attorney Name>**

Department of Veterans Affairs

Office of Inspector General

**<address>**

**<city, state, zip>**

**Telephone:**

**E-mail:**

4. Upon completion of the hearing, please instruct the administrative judge to send his or her recommended decision to:

Department of Veterans Affairs

Office of Employment Discrimination

Complaint Adjudication (OEDCA)

810 Vermont Avenue, NW

Washington, DC 20420

In the event the EEOC dismisses complainant’s request for a hearing and orders the Agency to issue a Final Agency Decision (FAD), please return the hearing record to ORMDI to ensure all documents introduced during the hearing stage of the process are part of the EEO record and considered in the FAD.

5. We request that the administrative judge provide us with a copy of the transmittal letters to ORMDI for our records.

6. If you require any assistance from the Office of Resolution Management, Diversity & Inclusion (ORMDI), 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: Investigative File

cc:(w/enclosure): **Attorney Name**

cc:(wo/enclosure): **Facility Director and email**

govcdm\_firstname govcdm\_lastname emailaddress3

firstname lastname emailaddress3