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| **ORMDI INVESTIGATION CHECKLIST** |

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| --- | --- |
| **Investigator Name** | firstname lastname |

|  |  |
| --- | --- |
| **District Office** | govcdm\_eeocdistrictofficename govcdm\_name  govcdm\_address1\_city, govcdm\_address1statepicklist |

|  |  |
| --- | --- |
| **Complainant** | firstname lastname |

|  |  |
| --- | --- |
| **Case Number** | govcdm\_name |

|  |  |
| --- | --- |
| **Amended** |  |

|  |  |
| --- | --- |
| **Facility** |  |

|  |  |
| --- | --- |
| **Reviewed by Name/Date** |  |

|  |  |
| --- | --- |
| **Hyperlinks** | |
| [Claims NOA](#claimsnoa) | [Claims ROI](#claimsroi) |
| [A.1. Claim Development](#a1claimdevelopment) | [A.2 Management Response](#a2managementresponse) |
| [A.3. Pretext](#a3pretext) | [A.4. Witnesses](#a4witnesstestimony) |
| [B.1. ROI](#b1roi) | [B.2. IF](#b2IF) |
| [C. Timeliness](#ctimeliness) | [D. Legal Sufficiency](#dlegalsufficiency) |
| [E. E²](#ecats) | [F. Comments](#fcomments) |

| **CLAIMS/INCIDENTS** | **BASES** |
| --- | --- |
|  |  |

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| **CHECKLIST** |

| **A.1.** | **Claim Development- Prima Facie**  **To determine Yes, did the investigator:** | **Yes** | **NA** | **No** |
| --- | --- | --- | --- | --- |
|  | 1. Interview Complainant and query about all raised bases, how management became aware of bases, or explain omission? Must contain all elements to determine Prima Facie. |  |  |  |
|  | Notes: |  |  |  |
|  | b. Query Complainant about all events accepted for investigation?  Must include how each event was related to their bases. |  |  |  |
|  | Notes: |  |  |  |
|  | c. Inform Complainant to raise new allegations with District Manager or Case Manager? |  |  |  |
|  | Notes: |  |  |  |
|  | d. Ask Complainant to provide similarly situated individuals (SSI)/comparator information or provide evidence of nexus for discrete events or harassment claim? (SSI information should include title, grade, supervisor, protected basis and how they were treated better.) RMO Response is [A.2.d](#a2d). |  |  |  |
|  | Notes: |  |  |  |
|  | e. For disability related claims, fully develop the record to determine if Complainant meets requirements as a “qualified individual with a disability”? |  |  |  |
|  | Notes: |  |  |  |
|  | f. Provide a signed medical release VA Form 10-5345 for disability related claims with medical documentation as evidence? |  |  |  |
|  | Notes: |  |  |  |
|  | g. Ask for evidentiary documentation or material witnesses if the event/claim supports it? |  |  |  |
|  | Notes: |  |  |  |
|  | h. Conclude interview by asking how alleged discrimination/harassment impacted a term, condition or benefit of employment? |  |  |  |
|  | Notes: |  |  |  |
|  | i. Provide written or verbal verification of any withdrawn events or bases? |  |  |  |
|  | Notes: |  |  |  |
|  | j. Identify, summarize, and accurately investigate correct theories? See Appendix J, EEO-MD-110 |  |  |  |
|  | Notes: |  |  |  |
|  | k. Follow-up Appropriately. [See A.2.K](#a2k) |  |  |  |
|  | Notes: |  |  |  |

| **A.2.** | **Management Response**  **To determine Yes, did the investigator:** | **Yes** | **NA** | **No** |
| --- | --- | --- | --- | --- |
|  | a. Query management official about own and knowledge of Complainant’s bases? |  |  |  |
|  | Notes: |  |  |  |
|  | b. Query a management official about each event or explain omission? |  |  |  |
|  | Notes: |  |  |  |
|  | c. Did RMO provide statement before Complainant provided reasoning? |  |  |  |
|  | Notes: |  |  |  |
|  | d. Ask management official to respond to comparator/SSI treatment, if provided? CP response is [A.1.d](#a1d). |  |  |  |
|  | Notes: |  |  |  |
|  | e. Ask management official for evidentiary documentation or material witnesses if necessary? |  |  |  |
|  | Notes: |  |  |  |
|  | f. Summarize management’s affirmative defense properly? |  |  |  |
|  | Notes: |  |  |  |
|  | g. Management Affirmative Defense specific enough to adjudicate. |  |  |  |
|  | Notes: |  |  |  |
|  | h. Follow-up Appropriately. [See A.1.k.](#a1k) |  |  |  |
|  | Notes: |  |  |  |

| **A.3.** | **Pretext**  **To determine Yes, did the investigator:** | **Yes** | **NA** | **No** |
| --- | --- | --- | --- | --- |
|  | a. Provide rebuttal opportunity/ask Complainant to respond to management’s reasoning for actions? (can be asked during initial testimony if management reasoning is known or after RMO testimony is received). |  |  |  |
|  | Notes: |  |  |  |

| **A.4.** | **Witness/SME testimony**  **To determine Yes, did the investigator:** | **Yes** | **NA** | **No** |
| --- | --- | --- | --- | --- |
|  | a. Interview named witnesses or explain omission? |  |  |  |
|  | Notes: |  |  |  |
|  | b. Query witness/SME about own bases and knowledge of CP’s bases if necessary? |  |  |  |
|  | Notes: |  |  |  |
|  | c. Provide witness/SME with only the claim/event(s) to which they have knowledge? |  |  |  |
|  | Notes: |  |  |  |
|  | d. Ask witness/SME to explain their role in the event? |  |  |  |
|  | Notes: |  |  |  |
|  | e. Ask witness/SME for explanation to support their opinion of how discrimination occurred? |  |  |  |
|  | Notes: |  |  |  |

| **B.** | **Case file development – Was the report of investigation prepared using proper application of EEO laws, regulation and policies** | **Yes** | **NA** | **No** |
| --- | --- | --- | --- | --- |
|  | **To determine Yes, did the investigator:** |  |  |  |

| **B.1.** | **Report of Investigation** | **Yes** | **NA** | **No** |
| --- | --- | --- | --- | --- |
|  | 1. ROI is grammatically correct and free from substantive typographical errors? |  |  |  |
|  | Notes: |  |  |  |
|  | 1. Document dates of initial contact (EEO Liaison, CP, RMO) in IF? |  |  |  |
|  | Notes: |  |  |  |
|  | 1. Summarize pertinent documents? |  |  |  |
|  | Notes: |  |  |  |
|  | 1. Cite/quote or accurately paraphrase witness testimony and intent? |  |  |  |
|  | Notes: |  |  |  |
|  | e. Font is Arial 12, Left Justified.  No double spaces between sentences in paragraph. |  |  |  |
|  | Notes: |  |  |  |

| **B.2.** | **Investigative File** | **Yes** | **NA** | **No** |
| --- | --- | --- | --- | --- |
|  | 1. a. Case file assembled according to standard operating procedure (ORMDI Handbook 5977.1)? |  |  |  |
|  | Notes: |  |  |  |
|  | 1. Table of Contents created and matches case file. |  |  |  |
|  | Notes: |  |  |  |
|  | c. All statements presented under penalty of perjury and initialed/signed under penalty of perjury. |  |  |  |
|  | Notes: |  |  |  |
|  | d. Statements and other work products (affidavits, et al) grammatically correct and free from substantive typographical errors? |  |  |  |
|  | Notes: |  |  |  |
|  | e. **Sanitize/Redact File appropriately**? |  |  |  |
|  | Specific examples:   * Patient/veteran information * VA sensitive information * Social security numbers * Names of veterans, their dependents and/or beneficiaries * Medical/diagnostic and/or veteran claim information related to specific veterans, their dependents and/or beneficiaries * Dates of birth (the exception to this are for cases that allege age-based discrimination) * Complainant’s medical information, unless this information is accompanied with a release of information signed by the complainant |  |  |  |
|  | Notes: |  |  |  |
|  | f. All blank pages removed or identified with “Blank Page”. |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Notes: |  |  |  |
|  | g. All pages oriented correctly. |  |  |  |
|  | Notes: |  |  |  |
|  | h. All documents legible or attempts to obtain legible documents explained. |  |  |  |
|  | Notes: |  |  |  |

| **C.** | **Timeliness** | **Yes** | **NA** | **No** |
| --- | --- | --- | --- | --- |
|  | 1. AOR issued within Regulatory timeframes. |  |  |  |
|  | Notes: |  |  |  |

| **D.** | **Legal Sufficiency** | **Yes** | **NA** | **No** |
| --- | --- | --- | --- | --- |
|  | 1. Was the case remanded for **supplemental investigation**? If so by whom and when? |  |  |  |
|  | Notes: |  |  |  |
|  | 2. Investigation missing critical evidence or testimony to address merits of complaint. |  |  |  |
|  | Notes: |  |  |  |
|  | **2.a. Documentary Evidence:**  Requested:  Included in IF: |  |  |  |
|  | Missing: |  |  |  |
|  | **2.b. Testimony:** |  |  |  |
|  | Notes: |  |  |  |
|  | **2.c. Other:** |  |  |  |
|  | Notes: |  |  |  |
|  | 3. Investigator evidenced **neutrality** and lack of bias in communications? |  |  |  |
|  | Notes: |  |  |  |

| **E.** | **CATS/E²** | **Yes** | **NA** | **No** |
| --- | --- | --- | --- | --- |
|  | 1. Documents uploaded. |  |  |  |
|  | Notes: |  |  |  |
|  | 2. Dates on Documents Match Dates in CATS/E². |  |  |  |
|  | Notes: |  |  |  |
|  | 3. Pertinent Fields populated and changes to claims, bases, and/or amendments updated. |  |  |  |
|  | Notes: |  |  |  |

| **F.** | **Comments** |
| --- | --- |
|  |  |