In reply refer to: 08

January 31, 2024

VIA: **(Delivery Method)** emailaddress3

govcdm\_firstname govcdm\_lastname

govcdm\_address1\_line1 govcdm\_address1\_line2

govcdm\_address1\_city, govcdm\_address1statepicklist govcdm\_address1\_postalcode

**SUBJECT: Notification of Abeyance, EEO Case No.** **govcdm\_name filed on** **govcdm\_dateformalcomplaintfiled**

Dear govcdm\_firstname govcdm\_lastname:

1. Your complaint has been placed in abeyance so that the parties involved can focus on pursuing resolution through mediation. The abeyance may last up to 90 days. While your complaint is in abeyance, I will be contacting you on a regular basis for updates on the status of the mediation.

2. Please sign and date the attached extension form and return it to my attention at **(Investigator’s address)** address1\_line1 address1\_line2, address1\_city, govcdm\_address1statepicklist address1\_postalcode or can be submitted via encrypted email to my email address at **(Investigator’s email address)** internalemailaddress.

3. If the mediation resolves your complaint, please complete the attached Withdrawal Form, and return it to me with a copy of the Settlement Agreement.

4. If you have any questions or need assistance, please contact me at **(Investigator’s telephone)** address1\_telephone3 or by email at **(Investigator’s email address)** internalemailaddress.

Thank you for your assistance.

Sincerely,

firstname lastname

EEO Investigator

Enclosure: As Stated

**Extension of Complaint Processing Timelines**

**firstname lastname**

**EEO Case No. govcdm\_name**

1. **EEOC regulations require that the formal investigation be completed within 180 days of the file date. The original file date of your complaint is govcdm\_dateformalcomplaintfiled and the regulatory timeline expires on govcdm\_formalcomplaintdue.**
2. **ORM requests a voluntary extension of 30/60/90 days to the timeline for the following reason(s) (circle/highlight length of extension): ­**

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firstname lastname - Complainant Date

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

firstname lastname - Representative Date

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

District EEO Manager Date

**Notice of Withdrawal of EEO Complaint**

**firstname lastname**

**EEO Case No. govcdm\_name**

1. On **govcdm\_datetimeofinitialcontact**, I contacted the Office of Resolution Management, Diversity and Inclusion (ORMDI) to initiate an equal employment opportunity (EEO) complaint. The EEO counselor advised me of my rights and responsibilities during the EEO complaint process.

2. I am withdrawing this EEO complaint in its entirety. I am making this decision of my own free will and without coercion. The claims identified in my complaint are listed below:

**(Enter Claims Here)**

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

firstname lastname Date