

NOTICE OF REFUSAL TO OFFER ALTERNATIVE DISPUTE RESOLUTION

This Notice indicates that

_____ *(Name of Manager/Supervisor/Key Staff Official)*

declined to offer Alternative Dispute Resolution (ADR) for EEO complaint number:

_____ *(ORM Case Number)*

filed by

_____ *(Name of Aggrieved Person/Complainant)*

The above named individual has been advised of VA's policy to offer ADR for all EEO related issues regardless of the stage of the complaint process.

Please indicate a reason for the refusal to offer ADR in the above-referenced complaint by checking one of the following boxes. This form must be completed and routed for approval and then uploaded into VA's ADRTracker by the ADR/EEO Program Manager within 5-calendar days following the refusal.

- An indication of fraud, waste or abuse
- An allegation of patient abuse
- An allegation of criminal activity
- An investigation is being conducted in another forum other than EEO

Additional Comments if needed

Signed by:

_____ *Manager/Supervisor/Key Staff Official*

_____ *(Date)*

Approved by:

_____ *Manager/Supervisor/Key Official's Immediate Supervisor*

_____ *(Date)*

Submitted by:

_____ *ADR/EEO Program Manager*

_____ *(Date)*