



Notice of Appeal-Agency to the Equal Employment Opportunity Commission, Office of Federal Operations

1. Agency Name *(Please print or type)*

2. Agency Address

3. Name of Agency Representative

4. Telephone No. *(Include Area Code)*

5. Name, Address, and Telephone No. of Complainant

6. If the Complainant Is Represented, Name, Address, and Telephone No. of Representative

7. Agency Complaint No.

8. Name of Administrative Judge, District/Field Office Location, and EEOC Hearings Unit No.

9. Date of Final Agency Action *(Include a copy)*

10. To Your Knowledge, Does the Complainant Have Any Appeals Pending at OFO? If so, please indicate the EEOC Appeal Nos.:

11. Signature of Agency Representative

Date

NOTICE: Before mailing this appeal, please be sure to **attach a copy** of the final action and the Administrative Judge's decision from which you are appealing. Please serve a copy of this appeal form on the complainant, with a copy of your final action. **Any statement or brief in support of this appeal shall be submitted within twenty (20) days of the date this appeal is filed. Agencies must forward the complaint file to the EEOC within thirty (30) days of the submission of this appeal.**

For EEOC Use Only

OFO Docket No.