

## Reconsideration Form

### Discrimination, Harassment, and/or Retaliation Investigation

Date: \_\_\_\_\_ Case No: \_\_\_\_\_

Name: \_\_\_\_\_

I am a  Respondent  
in the above-listed case.

I am a  Complainant

The date of the letter of finding is \_\_\_\_\_\*

The date I received the letter of findings is \_\_\_\_\_\*

The date of the investigative report is \_\_\_\_\_ (if available)\*

**\*\*Please note, you have 20 working days from the date of the letter of finding or investigative report to submit a request for reconsideration. Requests received after the 20-day period will not be considered except in extraordinary circumstances.**

Please identify below the Finding(s) you wish to have reconsidered and the basis for this reconsideration. For example, "I request a reconsideration of Finding 2 which substantiated that I failed to follow agency hiring practices. The basis of this reconsideration is [state the reason]."

Criteria for reconsideration are as follows:

- 1) The discovery of new information unknown during the investigation (please specify what the information is and why it was not previously available);
  
- 2) Information that was provided but not considered during the investigation that might change the outcome of the finding (please identify that information specifically and/or how the outcome may be impacted);
  
- 3) Procedural/process irregularities that impact the outcome of the finding (please identify the irregularity and how it impacted the outcome).

**Please describe the basis for the reconsideration. Please specifically state which of the three criteria cited above apply and why.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Alt phone number:** \_\_\_\_\_ **Alt. email:** \_\_\_\_\_  
**Mailing address:** \_\_\_\_\_

I prefer to be contacted by:  telephone (please specify which) \_\_\_\_\_  
 email (please specify which) \_\_\_\_\_

**Please mail the Reconsideration Form to:**

The Office of Equity and Inclusion  
ATTN: Diversity Manager  
Oregon Health Authority  
421 S.W. Oak Street, Suite 750  
Portland, OR 97204