

Request for Reconsideration Form

Discrimination, Harassment, or Retaliation Investigation

Section 1: Case Information

Name: _____ Today's Date: _____

Case Number: _____

I am the: Complainant Respondent

Date of the letter of finding: _____

Date of the investigative report: _____

Please note, you have 20 working days from the date of the letter of finding to submit an appeal. Appeals received after the 20-day period will not be considered except in extraordinary circumstances.

Section 2: Reconsideration Information

Please identify below the finding(s) you wish to have reconsidered.

(e.g. I appeal Finding 2 which substantiated that I failed to follow agency hiring practices. The basis of this appeal is [reason].)

Examples of a basis for appeal may include:

- the discovery of new information unknown during the investigation (specify what the information is, why it was not previously available, and provide any relevant documentation);
- information that was provided but not considered during the investigation that might change the outcome of the finding; or
- procedural/process irregularities that impact the outcome of the finding (please identify the irregularity and how it impacted the outcome).

The determination of this request for reconsideration will be sent to you by the Deputy Director.

Please print or type. If you need additional space, attach extra pages.

Describe the basis for appeal.

If you have any additional documentation you believe is relevant, please include it when submitting this reconsideration form.

Section 3: Contact Information

Work Phone: _____

Work Email: _____

Cell Phone: _____

Alternate Email: _____

Mailing Address: _____

I prefer to be contacted by:

- Work Phone
- Cell Phone
- Work Email
- Alternate Email

How to return this form:

- **By Mail:**
Equity and Inclusion Division
Civil Rights Unit
421 SW Oak Street, Suite 750
Portland, OR 97204
- **By secure fax:** 971-673-1330
- **By email:** OHA.InternalCivilRights@odhsoha.oregon.gov

You can get this document in other languages, large print, braille or a format you prefer. Contact us at OHA.InternalCivilRights@odhsoha.oregon.gov or 971-673-1240. We accept all relay calls.