Appendix N EEO-MD-110

**REQUEST FOR A HEARING FORM**

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| Hearings Unit  Equal Employment Opportunity Commission  [appropriate address] |

Dear Sir/Madam:

I am requesting the appointment of an Equal Employment Opportunity Commission Administrative Judge pursuant to 29 C.F.R. § 1614.108(g). I hereby certify that either more than 180 days have passed from the date I filed my complaint or I have received a notice from the agency that I have thirty (30) days to elect a hearing or a final agency decision.

|  |  |
| --- | --- |
| My name &  Address: |  |
| Agency name & address: |  |
| Agency Case No: |  |

In accordance with section 1614.108(g), I have sent a copy of this request for a hearing to the following person at the agency:

|  |  |
| --- | --- |
| Name:  (EEO Officer) | Director  Office of Equal Employment Opportunity |
| Address:  (if different from above) |  |

Sincerely

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

[Print Name] Date

[Address]

[Phone and email]