



**NOTE:** Attach a copy of the settlement agreement. If additional space is needed continue on page 2, which is provided solely for extra space.

**RETURN TO**

Department of Veterans Affairs  
Office of Resolution Management  
Office of Policy and Compliance (08B)  
810 Vermont Avenue, NW  
Washington, DC 20420

NAME OF EMPLOYEE

NAME OF VA FACILITY

HOME MAILING ADDRESS

MAILING ADDRESS OF VA FACILITY

HOME TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER

WHAT CLAIM(S) AND BASIS(ES) DID THE AGREEMENT SETTLE?

DID YOU CONTACT THE EEO PROGRAM MANAGER WHEN YOU FIRST BECAME AWARE THAT A BREACH OCCURRED?

APPROXIMATE DATE

NAME OF PERSON CONTACTED

NO YES (If "YES," provide approximate date and case number assigned.)

WHAT SPECIFIC PROVISION(S) OF THE SETTLEMENT AGREEMENT DO YOU BELIEVE WAS BREACHED?

HOW WAS THE SETTLEMENT AGREEMENT BREACHED? (Reference any actions that occurred that made you believe the settlement agreement was breached. Provide the names of the individuals you believe breached the settlement agreement. Please be specific, and if available, provide supporting documentation.)

PROVIDE DATE(S) AS TO WHEN YOU BELIEVE THE SETTLEMENT WAS BREACHED (Regulations require submission of breach claims to be submitted within 30 days of when you became aware, or should have been aware of the noncompliance with the agreement.)

IF YOU DO NOT MEET THE 30 DAY TIMEFRAME, EXPLAIN WHY THE DELAY

SIGNATURE OF EMPLOYEE

DATE

