

**APPENDIX M EEO-MD-110
REQUEST FOR A HEARING FORM**

To: The Commission Hearings Unit:

District/Field Office Name:	
Address:	
City, State, ZIP Code:	
Fax number (if applicable):	

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.

Complainant Information: (Please Print or Type)

Complainant's name (Last, First, M.I.):	
Home/mailing address:	
City, State, ZIP Code:	
Daytime Telephone # (with area code):	
Home or Mobile Phone # (with area code):	
E-mail address (if any):	
Agency Case Number:	

Attorney/Representative Information (if any):

Attorney name:	
Non-Attorney Representative name:	
Address:	
City, State, ZIP Code:	
Telephone number (if applicable):	
E-mail address (if any):	
Fax Number (if any)	

I will require the following reasonable accommodation(s) to participate in the hearing process:

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:

Agency EEO Office Representative Information:

Agency EEO Office Representative name:	
Address:	
City, State, ZIP Code:	
Fax number (if applicable):	
E-mail address (if any):	

Complainant's Signature:

Signature of complainant or complainant's attorney:	
Date:	

NOTE: Only Complainant or their attorney can sign the request for a hearing. Non-attorney representatives may not sign requests for a hearing. HEARING REQUESTS MUST BE SIGNED. UNSIGNED HEARING REQUESTS WILL NOT BE ASSIGNED A HEARING NUMBER OR AN ADMINISTRATIVE JUDGE.