

**PRE-COMPLAINT ELECTION FORM**

In accordance with 29 CFR § 1614, you are hereby advised that you may elect to engage in the Alternative Dispute Resolution (ADR) Process or Traditional EEO Counseling.

Please be advised that Department of Navy Officials reserve the right to determine whether or not presented claims of discrimination are appropriate for ADR. You will be notified, in writing, of this determination.

\_\_\_\_\_ I wish to use the Alternative Dispute Resolution (ADR) Process.

\_\_\_\_\_  
\_\_\_\_\_ I wish to use Traditional Pre-Complaint Counseling.

\_\_\_\_\_ I have no interest in pursuing this matter in either process and hereby wish to withdraw my claim regarding \_\_\_\_\_.

\_\_\_\_\_  
(Signature)  
Aggrieved individual

\_\_\_\_\_  
Date