



# MEDIATION REQUEST FORM

## OFFICE OF EQUITY AND EMPLOYEE RELATIONS

Gatehouse Administration Center I

8115 Gatehouse Road Suite 2500

Falls Church, VA 22042

Phone: 571-423-3070 FAX: 571-423-3057

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### PART I: PERSON REQUESTING VOLUNTARY MEDIATION

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Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Gender \_\_\_\_\_ Race \_\_\_\_\_ Telephone \_\_\_\_\_  
Home Work

Work Location \_\_\_\_\_ Job Title \_\_\_\_\_

Your Program Manager's Name \_\_\_\_\_ Telephone \_\_\_\_\_

#### How Would you Classify your Dispute: (check all that apply)

- |   |   |  |                                     |  |
|---|---|--|-------------------------------------|--|
| <input type="checkbox"/> age                | <input type="checkbox"/> color          | <input type="checkbox"/> communication   | <input type="checkbox"/> disability | <input type="checkbox"/> disagreements     |
| <input type="checkbox"/> human relations    | <input type="checkbox"/> marital status | <input type="checkbox"/> national origin | <input type="checkbox"/> pregnancy  | <input type="checkbox"/> personality       |
| <input type="checkbox"/> race               | <input type="checkbox"/> religion       | <input type="checkbox"/> rumors          | <input type="checkbox"/> sex        | <input type="checkbox"/> sexual harassment |
| <input type="checkbox"/> working conditions | <input type="checkbox"/> work style     |  |                                     |  |

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### PART II: PERSON(S) INVOLVED IN THE DISPUTE, DISAGREEMENT, OR COMPLAINT:

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#### Contact Person

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Work Site \_\_\_\_\_ Telephone: (Work) \_\_\_\_\_

#### Contact Person

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Work Site \_\_\_\_\_ Telephone: (Work) \_\_\_\_\_

#### Contact Person

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Work Site \_\_\_\_\_ Telephone: (Work) \_\_\_\_\_

# MEDIATION REQUEST FORM

continued

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## PART III: DESCRIBE THE INCIDENT

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Briefly describe the dispute, disagreement, or complaint:

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When did the incident occur that is giving rise to the dispute, disagreement, or complaint?

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## PART IV: RESOLUTION

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What steps have you taken to try and resolve your dispute?

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What attempts has your program manager made to resolve your dispute?

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What resolution are you seeking?

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I understand that my request for mediation will be kept confidential except to the extent that limited disclosure may be necessary for the purpose of conducting the mediation process. The requestor, other parties involved, and appropriate administrators will be advised of the request for mediation and the outcome of the mediation.

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Signature

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Date