

ALTERNATIVE DISPUTE RESOLUTION PROGRAM



AGENCY MEDIATION REQUEST

CASE NUMBER

DATE

AGENCY

AGENCY CASE NUMBER (if assigned)

AGENCY POINT OF CONTACT

PHONE

EMAIL

DISPUTE TYPE:

Pre-EEO – (i.e. Race/Disability/Harassment) _____

NON-EEO (i.e. Workplace Dispute) _____

Facilitation/Group Mediation _____

BRIEF DESCRIPTION:

REQUESTED DATES:

PERTINENT INFORMATION:

Reasonable Accommodation Requested: (Yes or No): _____

Have the Parties Signed Agreement to Mediate: (Yes or No): _____

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PARTY INFORMATION *(If more than 2 disputants, attach additional information to this form)*

PARTY #1:

NAME: _____

PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO PARTY #2: _____

NAME OF REPRESENTATIVE *(If applicable)*: _____

REP PHONE: _____

REP EMAIL: _____

PARTY #2:

NAME: _____

PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO PARTY #1: _____

NAME OF REPRESENTATIVE *(If applicable)*: _____

REP PHONE: _____

REP EMAIL: _____

INSTRUCTIONS

- 1) Complete and digitally sign this fillable .pdf form on your computer
- 2) Save As AGENCY MEDIATION REQUEST – AGENCY NAME
- 3) Email to sharedneutrals@fmcs.gov