

# Mediation Request Form

## Your Information

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Working Title: \_\_\_\_\_ Work  
Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Working Relationship to the Other Person

- Supervises other person
- Supervised by other person
- Does not supervise the other person directly, but is in the other person's chain of command
- Is not supervised by the other person, but the other person is in this employee's chain of command
- Co-worker

## Other Person

Information as possible.

Name: \_\_\_\_\_

Working Title: \_\_\_\_\_ Work  
Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Other Person(s) involved

Names and  
Titles: \_\_\_\_\_

Work Address:  
Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Who Referred You to Mediation?

- Self
- Supervisor
- Co-worker
- Personnel Board
- Agency Personnel Administrator
- Other Specify: \_\_\_\_\_

I am choosing mediation:

- as early intervention (there is no plan at this time to file grievance)
- in addition to the grievance / appeal board process
- after the conclusion of grievance process