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# Shared Neutrals Program

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**A guide to Alternative Dispute Resolution  
under the Federal Executive Board of Minnesota's  
Interagency Voluntary Mediation Process**



**Federal Executive Board of Minnesota**  
Room 510 Bishop Henry Whipple Federal Building  
1 Federal Drive  
Fort Snelling, Minnesota 55111-4058

February 2001

# **FEDERAL EXECUTIVE BOARD OF MINNESOTA SHARED NEUTRALS PROGRAM**

The Shared Neutrals Program of Minnesota is a program of the Federal Executive Board of Minnesota to provide mediation as an alternative method to resolve workplace disputes. The combined resources of the Federal community will be shared to provide interagency mediators. The program's goal is to resolve workplace disputes at the earliest possible date. Early resolution will result in improved communication within the workforce, a more productive work environment, and reduced cost and time in resolving disputes.

## **I. What is Mediation?**

Mediation is an informal method of resolving disputes with a fellow employee, manager or colleague. In mediation, a neutral person (a mediator) helps two or more persons explore ways to resolve their differences and reach an agreement to best address their interests. Neither party surrenders legal rights or entitlements when using the Shared Neutrals Program. All parties must be willing to resolve the problem for the process to be successful. Mediation, unlike arbitration or court proceedings, has no focus on "placing blame." The mediator has no authority to force a decision on the parties involved. Those involved in the dispute decide what is important and make decisions based on those factors. A mediator assists the parties in becoming "decision-makers." This process establishes communication which, in turn, leads to increased understanding and allows the participants to create options and solutions to address their concerns.

## **II. What is the Value of Mediation?**

Mediation allows the participants an opportunity to tell their story and be heard. This process allows the persons affected to create their own solutions and examine unique resolutions to a problem, instead of referring the problem to a judge, arbitrator or another outside decision-maker. The participants thereby retain more control in developing realistic and mutually satisfactory solutions.

## **III. When Should Mediation be Considered?**

Mediation may be used in most cases of workplace disagreement, including discrimination complaints, grievances, and other forms of disputes on a case-by-case basis.

This process should not be considered in cases involving criminal activity, government policy, interpretation of collective bargaining contract language, and cases expected to take over 35 hours to mediate.

## **IV. Agency Participation**

A signed **Agency Agreement to Participate (Form A)** qualifies an agency to draw from the roster. The agency must also identify an **Agency Coordinator** to serve as a liaison between the Federal Executive Board and the agency. The agency should also identify specific forms they would like to see used (if different from those included in this Handbook), who within the agency is authorized to request a mediation (if different from the Agency Coordinator); and other requirements of the agency. All of these agency-specific items are subject to review and approval by the Shared Neutrals Council.

In the first year of their commitment, participating agencies are not required to contribute a mediator in order to draw from the Roster. Agencies may instead contribute meeting space, logistical support, training funds, printing or other support. In the second year, most agencies will be encouraged to contribute a mediator to the Roster. Exceptions can be negotiated with the Shared Neutrals Council.

The most important contribution an agency can make to the program is to provide cases for mediation.

## **V. Shared Neutrals Council**

The Shared Neutrals Council is the governing body for the FEB of Minnesota's Shared Neutrals Program. Seven to ten members will be appointed by the FEB and will include representatives of member agencies. The Executive Director of the FEB of Minnesota will serve as an ad hoc member of the council.

Membership should include the following groups: mediators, agency coordinators, and union representatives. Responsibilities include: review and supervision of the roster, case intake, data collection and analysis, outreach (making sure people understand the program is available), systems analysis (continually improving structure of the program), program development (making other types of ADR available), mediator education (orientation, requests for training courses, opportunity to co-mediate), observation (evaluation of mediators), and planning and conducting an annual meeting for the mediators.

At the beginning of each year, the Council will elect a Chair and Vice-Chair from the members of the Council. The Council Chair and Vice-Chair will serve for a one year period beginning on January 1st. Recording duties will be rotated between members.

### **A. Council Member Terms**

The standard term length for Council members will be two years. Initial term lengths should be staggered in six-month increments so that turn-over is gradual. Individual Council member terms will begin on either January 1<sup>st</sup> or June 1<sup>st</sup> of each year. No

member will serve more than one term unless an exception is granted by the Executive Director of the FEB of Minnesota in order to maintain the efficiency and continuity of Council activities. Former Council members may be appointed to a new two-year term after a one year absence from the Council.

## **B. Decision-Making**

The group will make decisions on a consensus basis, using the following decision-making process.

1. All substantive issues will be brought to the Council for decision.
2. Decision making does not rest with any one agency or individual, but rather is a collective process among the Council members.
3. The Council will make decisions via consensus (defined as "a collective opinion arrived at by a group working in an environment that permits open communication so that each person feels s/he has a fair chance to speak"). While the Council will strive for unanimous affirmative decisions, consensus will also include the possibility of one or more members being willing to at least accept (as opposed to fully agreeing with) a given choice.
4. All reasonable effort will be made to obtain consensus.
5. Since consensus relies heavily on discussion and understanding, absent members cannot vote by proxy, but they can send someone to participate in the consensus process.
6. The Council can decide to table an issue to allow for additional discussion and/or time for reflection.
7. Once consensus is reached on a given issue, that issue will not be readdressed unless there is a consensus decision to do so.
8. Members will abide by the decision(s) made in their absence.

## **C. Council Member Responsibilities**

1. Follow through to the best of their ability on the work they agree to accomplish, and to come to meetings prepared.
2. Be responsible for ensuring s/he has the authority needed from their own agency to represent that agency's view.
3. Participate fully, and to raise issues, concerns, and opinions as they arise.

4. All reasonable effort will be made to provide advanced information on issues to be decided.
5. Meetings will start on time.

## **VI. Who are the Mediators?**

### **A. The Roster**

A Roster of Mediators will be prepared and maintained by the Shared Neutrals Council. The Roster will include persons who meet the following requirements:

1. Designated by a participating agency;
2. Complete a **Mediator Application (Form J)**. This application includes questions regarding the applicant's education and training, work background, availability, and interest in mediation;
3. Demonstrate an ongoing participation and interest in mediation;
4. At least 24 hours of formal mediation training. Persons who have already completed this requirement are not required to complete additional training;
5. Complete a program orientation. Program orientations will be provided as part of an annual meeting of program mediators, as part of the formal mediation training offered through FEB to new mediators, or as otherwise offered by the Shared Neutrals Council;
6. Meet established mediation experience requirements:
  - a. Persons who have completed five or more solo mediations will be included on the Roster;
  - b. All other applicants will be expected to observe mediations conducted by an experienced mediator, and then mediate disputes under the observation of an experienced mediator. Based on evaluations by the experienced mediator and evidence that they meet the other program requirements, the Shared Neutrals Council will approve individuals for inclusion on the Roster.
7. Subscribe to specified ethical standards as described below.
8. Complete no less than six (6) hours of approved continuing education each year addressing alternative dispute resolution.

### **B. Training Requirements**

In order to qualify for inclusion on the FEB Shared Neutrals roster, all mediator applicants are required to complete at least 24 hours of approved formal training, with an emphasis on experiential learning. The training must include both lecture and role-playing. The following topics must be addressed:

1. Conflict resolution and mediation theory, including the causes of conflict, interest-based versus positional bargaining, and models of conflict resolution.
2. Mediation skills and techniques including information gathering skills, communication skills, problem-solving skills, interaction skills, conflict management skills, negotiation techniques, causing, cultural and gender issues and power balancing.
3. Components in the mediation process, including an introduction to the mediation process, fact gathering, interest identification, option building, problem solving, agreement building, decision making, closure, drafting agreements, and evaluation of the mediation process.
4. Mediator conduct, including conflicts of interest, confidentiality, neutrality, and ethics.

#### **C. Annual Continuing Education Requirement for Mediators**

In order to maintain and develop conflict resolution skills, all mediators listed on the FEB Shared Neutrals roster must annually complete not less than six (6) hours of continuing professional education in the alternative dispute resolution field. The Shared Neutrals Council will conduct at least one (1) annual training conference for all mediators and coordinators that will satisfy the continuing professional education requirement. Mediators may satisfy the continuing education requirement through attendance in training sponsored by outside agencies, however, proof of completion must be provided to the Shared Neutrals Council. Whether continuing education is completed through the FEB sponsored training conference or through training sponsored by other agencies, all mediators must complete the **Mediator Continuing Education form (Form J1)** and return it to the Shared Neutrals Council no later than December 31<sup>st</sup> of each calendar year. Mediators who have not completed the continuing education requirement will be listed as “inactive” on the FEB Shared Neutrals roster.

#### **D. Conduct Standards**

The conduct of mediators in this program will be governed by the following standards:

1. **Self-Determination:** Self-determination is the fundamental principle of mediation. It requires that the mediation process rely upon the ability of the parties to reach a voluntary, uncoerced agreement. Any party may withdraw from mediation at any time.

2. **Impartiality:** A mediator shall mediate only those matters in which she/he can remain impartial and evenhanded. If at any time the mediator is unable to conduct the process in an impartial manner, he/she is obligated to withdraw.
3. **Conflicts of Interest:** A conflict of interest is any action or relationship that might create an impression of possible bias. The basic approach to questions of conflict of interest is consistent with the concept of self-determination. The mediator has a responsibility to disclose all actual and potential conflicts that are reasonably known and could reasonably be seen as raising a question about impartiality.
4. **Competence:** A mediator will mediate only when he/she has the necessary qualifications to satisfy the reasonable expectations of the parties.
5. **Confidentiality:** A mediator will maintain the reasonable expectations of the parties with regard to confidentiality.
6. **Quality of the Process:** A mediator shall conduct the mediation fairly, diligently, and in a manner consistent with the principle of self-determination.

## **VII Who Are the Agency Coordinators?**

The Agency Coordinator manages the distribution of information about the availability of mediation within the agency and how the FEB Shared Neutrals Program can be used. The information will include details on the process for making referrals for mediation to the Agency Coordinator, such as, who can make them, how to make them, and other details of the process. See **Form D** in the Forms Appendix.

## **VIII How Does the Mediation Process Work?**

- A. The Agency Coordinator contacts the FEB Shared Neutrals Program at (612) 713-7200. A member of the Council will return the call and ask for the following:
  - target date(s) for mediation
  - copy of signed **Request for Mediation Services (Form B)**
- B. The Shared Neutrals Council assigns a mediator.
- C. The assigned mediator contacts the disputants and the Agency Coordinator to schedule the time and place for mediation.
  1. The time will depend on the availability of both the disputants and the mediator.

2. The place is to be arranged in coordination with all parties. The Agency Coordinator is responsible for coordination and for assuring that the designated site is properly equipped with flipcharts, refreshments, etc.
  3. Issues of confidentiality and the willingness of the disputants to participate in the mediation process excludes observers, other than representatives, from sitting in on any stage of mediation, unless approved in advance by the mediator and agreed upon by all parties to the mediation.
  4. Representatives: Each party may bring one representative to act as an advisor in the mediation process. Parties have a free choice of representative and are responsible for any representative expenses involved. If a party elects representation, the representative's name and phone number will be identified on the **Request for Mediation (Form B)**. Representatives must also sign the **Agreement to Mediate (Form C)** prior to participating in the mediation. In all cases that settle, the representatives of the parties will also sign the **Settlement Agreement (Form F)**. Parties are responsible for all arrangements and expenses related to the appearance of their representatives at the mediation.
- D. The Agency Coordinator will ensure that the mediators are provided with any necessary agency background information, including identifying likely agency officials who are authorized to make a decision on the dispute.
- E. The Agency Coordinator will assist the mediator in contacting the officials necessary to authorize the agreement.
- F. The follow-up and documentation of the mediation process will include:
1. Scheduling of a follow-up mediation session as necessary.
  2. If a settlement is reached, documentation of the settlement agreement with approving signatures of participants and representatives (if present). **(Settlement Agreement - Form F)**
  3. Evaluation of the process by participants and mediator(s). **(Participant Survey - Form G; Mediator Evaluation of Process - Form H)** Completed forms evaluating the process are maintained by the FEB Shared Neutrals Council in a sanitized form only. (i.e., all identifying information is deleted)
  4. If a settlement is reached, copies of the **Settlement Agreement (Form F)** are provided to each participant. One copy is maintained by the Agency Coordinator.

5. A Mediator Survey is completed and submitted to the FEB Shared Neutrals Council within five business days after the completion of the mediation. **(Mediator Evaluation of Process - Form H)**
  6. All notes are destroyed.
- G. Settlement
1. A settlement is only binding if approved and signed by all disputants and, as necessary, by appropriate agency officials.
  2. When agency approval and/or action is required, only officials with delegated settlement authority may enter into a settlement.
  3. A completed settlement agreement will be maintained by the Agency Coordinator.

Federal Executive Board of Minnesota  
February, 2001



Federal Executive Board of Minnesota - Shared Neutrals Program

# Forms Appendix

The following forms were developed for use in the Shared Neutrals Program:

<b>Form A</b>	<b>Agency Agreement to Participate</b>
<b>Form B</b>	<b>Request for Mediation Services</b>
<b>Form C</b>	<b>Agreement to Mediate</b>
<b>Form C1</b>	<b>Program Information</b>
<b>Form D</b>	<b>Agency Coordinator Checklist</b>
<b>Form E</b>	<b>Mediator Checklist</b>
<b>Form F</b>	<b>Settlement Agreement</b>
<b>Form G</b>	<b>Participant Survey</b>
<b>Form H</b>	<b>Mediator Evaluation of Process</b>
<b>Form I</b>	<b>Agency Evaluation of Program</b>
<b>Form J</b>	<b>Mediator Application</b>
<b>Form J1</b>	<b>Mediator Continuing Education</b>
<b>Form K</b>	<b>Mediator Trainee Evaluation</b>



# Agency Agreement to Participate

By signing below, I assert that I have authority to represent that:

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[NAME OF AGENCY]

hereinafter "the Agency" agrees to participate in the project on sharing Neutrals.

As such, the Agency agrees to:

- assign an Agency Coordinator to serve as a contact point for the Shared Neutrals Program.
- Abide by principles of confidentiality, as outlined in Section 4 of the Administrative Dispute Resolution Act, 5 U.S.C. 574 (as amended from time to time), and the "Agreement to Mediate."
- assist in obtaining appropriate facilities for meetings with the disputants.
- local travel expenses will be at the expense of the mediator's agency. Travel outside the mediator's commuting area will be paid by the agency requesting mediation services.
- the mediator's salary will be paid by his or her agency. No other compensation is required.
- Parties who choose to withdraw from mediation will not be subject to retaliation.

It is understood that by signing this document the Agency does not in any way compromise its authority to control the work schedule of any employee who is acting as a mediator under this program.

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Authorized Agency Official

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Date

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Title

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Agency Address and Telephone



# Request for Mediation Services

1.	NAME (Last, First, MI)	POSITION (Title, Grade and Series)
2.	EMPLOYING AGENCY	COMPONENT/DIVISION
3.	PLACE OF EMPLOYMENT (Address, City, State, Zip Code)	PHONE NUMBER AT WHICH YOU WISH TO BE CONTACTED
		EMAIL ADDRESS
4.	REPRESENTATIVE'S NAME AND TELEPHONE NUMBER	
5.	NAME OF OTHER PARTIES AND TELEPHONE NUMBERS (Please identify Position and Title)	
6.	HAVE YOU INITIATED A FORMAL OR INFORMAL EEO COMPLAINT OR OTHER GRIEVANCE THROUGH ONE OF YOUR AGENCY'S ADMINISTRATIVE GRIEVANCE OR COMPLAINT PROCEDURES?	
7.	ISSUE FOR MEDIATION [Please describe the issues you are requesting be mediated - If more space is needed, please attach additional sheets to this form.]	
8.	RESOLUTION REQUESTED (Attach additional pages if needed)	
9.	SIGNATURE OF PARTY REQUESTING MEDIATION	DATE SIGNED

**Privacy Act Statement:** The collection of this information is authorized by 5 U.S.C. 574. This information will be used to assign a mediator to your case. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA or FLRA; where pertinent in a legal proceeding to which the government is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the government; to an expert or consultant under contract with the government to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed under 29 C.F.R. 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices. The completion of this form is voluntary; however, if this information is not provided, you may not have your case mediated by a Shared Neutrals panel mediator.

## FEB USE ONLY

DATE RECEIVED BY FEB SHARED NEUTRALS COUNCIL	CASE NUMBER
NAME OF MEDIATOR ASSIGNED	DATE MEDIATOR ASSIGNED

**THIS FORM WILL BE DESTROYED AT THE CONCLUSION OF THE MEDIATION**



# Mediation Program Information

## Mediation Under Shared Neutrals Program

**Impartial Process:** Mediation is a process in which an impartial third party that has no authority to decide the issue or impose a resolution assists the parties in exploring a mutually-satisfactory resolution of the issues in dispute. At all times the decision to settle or impasse the dispute is solely within the hands of the parties. The mediator does not decide the dispute and has no authority to force either party to resolve the dispute. The role of the mediator is to help the parties understand each other's positions, interests and perspectives and assist the parties in deciding whether the dispute can be resolved. The mediator also encourages mutual respect between the parties and takes the steps necessary to prevent any abuse of the mediation process. The impartial mediators for this pilot program are trained and experienced in alternative dispute resolution. Under the program, the parties pay no fees to participate in the mediation conference.

**Confidential Process:** Besides limited legal requirements to report certain kinds of information, mediation is a confidential process. Mediators may not directly or indirectly disclose information communicated to them by a party during mediation to anyone who is not a party to the mediation. Additionally, a mediator may not disclose information communicated in confidence by a party to the other party without permission. This confidentiality is critical to the mediation process and mediators will not willingly testify about anything they hear in the course of a mediation and will contest subpoenas or orders seeking to require their appearance or testimony in subsequent proceedings. After the conclusion of the mediation, mediators retain no files relating to the mediation and are required to destroy any notes they take during the mediation session.

**Mediation Process:** A typical mediation features an opening statement by the mediator outlining the mediation process and the roles of the mediator and parties. Both parties will be given an opportunity to explain their position on the matter in dispute. There will also be joint discussion between the parties concerning the issues with assistance of the mediator. There may also be one or more private meetings between the mediator and one or the other parties. These meetings are known as caucuses and are used to explore issues in greater detail. The mediator will not share matters discussed in the caucus with the other party without permission. If the parties' discussions result in a resolution, the mediator will assist the parties to commit their agreement to writing. All settlements are between the parties. The mediator is not a party to any settlement agreement.

**For More Information:** If you have questions about mediation in general or the procedures to be used during this pilot program in particular, please call your agency program coordinator.



# Agency Coordinator Checklist

- Make certain that information regarding the Shared Neutrals Program is made available to all employees.
- If mediation is requested and approved, contact the FEB Shared Neutrals Council with the following information:
  - Target dates for mediation
  - Copy of signed **Request for Mediation Services (Form B)**
- Help the mediator schedule a time and place for the mediation as necessary. Make certain that the site selected for the mediation is properly equipped.
- Provide the mediator with agency background information.
- Help the mediator contact the official(s) needed to authorize an agreement.
- Maintain a copy of the **Settlement Agreement (Form F)**.

## Optional

- A follow-up with the participants is recommended after a three-month period for agency purposes only.



# Mediator Checklist

**INFORM** parties your opening will take a few minutes and ask them to relax until you are done.

**INTRODUCE** yourself and the parties. Use first names only if you have permission from the parties to do so. Introduce observers and explain their role.

**COMMEND** participants for using mediation.

**REMIND** participants that mediation is a voluntary process.

- Are the parties present voluntarily? Are there court orders?
- How were the parties referred?
- Are all parties required to reach agreement present?

**REMIND** participants that mediation is a CONFIDENTIAL process.

- Previously unreported abuse (child, elder, disabled, etc.) is an exception and must be reported.
- Mediators cannot be required to testify.
- All mediator notes will be destroyed.

**DESCRIBE** role of mediator.

- To be an impartial facilitator, not an advocate, attorney or judge.
- To assist parties in arriving at their own solutions.

**DESCRIBE** role of Parties.

- To mediate in good faith, be willing to listen, to share all pertinent information, to keep an open mind, be willing to negotiate without holding to a fixed position.
- To abide by rules of common courtesy, no interrupting or using inflammatory language.

**EXPLAIN** the process.

- Client opening statements and response period; emphasis on uninterrupted time.
- Developing an agenda/list of items to discuss.
- Negotiating *issues* and *interests* or concerns.
- Caucus (optional). Explain confidentiality and use.
- Settlement Agreement. Forms: Settlement is the parties' agreement and is legally binding. Settlement agreements are enforced by courts.

## MEDIATION AGREEMENT [Form C]

- Give a copy to each side. Read it aloud.
- Have all sign the original

## DETERMINE PROPER PARTY TO BEGIN



# Settlement Agreement

We, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_  
\_\_\_\_\_ having participated in a mediation session (s) on \_\_\_\_\_  
and being satisfied that we have reached a fair and reasonable resolution, hereby agree as  
follows: (attach additional sheets if needed)

We intend, understand, and agree that this agreement is binding on all participants.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

\_\_\_\_\_  
Participant A Date

\_\_\_\_\_  
Representative - Participant A Date

\_\_\_\_\_  
Participant B Date

\_\_\_\_\_  
Representative - Participant B Date

\_\_\_\_\_  
Participant C Date

\_\_\_\_\_  
Representative - Participant C Date



# Participant Survey

MEDIATOR NAME	MEDIATION DATE	MEDIATION LOCATION
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The purpose of this survey is to determine how the mediation process is working and what areas need improvement. Your comments are important and will be kept confidential. Please return this survey in the enclosed stamped, self-addressed envelope to the Federal Executive Board of Minnesota's Shared Neutrals Council. Thank you.

Please evaluate the mediation process using the following scale, describing your satisfaction level:

1 Very Dissatisfied      2 Dissatisfied      3 Somewhat Satisfied      4 Satisfied      5 Very Satisfied

		1	2	3	4	5
1	How well did the mediator(s) explain the process to all the parties?					
2	Were you able to fully present your case?					
3	How well did the mediator(s) listen?					
4	Did the mediator(s) help create realistic options for settling the dispute?					
5	Was the mediator(s) impartial?					
6	Did the mediator(s) understand the issues involved?					
7	How well did the mediator(s) clarify key issues and interests of each party?					
8	How satisfied were you with the mediator(s)?					
9	How satisfied were you with the outcome of the mediation?					
10	Did you reach settlement with your mediation? (check below) YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL RESOLVE <input type="checkbox"/>					
11	How beneficial was the use of a neutral party from another federal agency to the early resolution of this matter.					

12 Any other comments or elaboration on any of the questions above:

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. YOUR RESPONSES WILL BE INCLUDED IN EVALUATING THE EFFECTIVENESS OF THE FEB SHARED NEUTRAL PROGRAM. ADDITIONALLY, SURVEY RESPONSES MAY BE SHARED WITH THE MEDIATORS AND THE FEB SHARED NEUTRALS COUNCIL FOR PROGRAM EVALUATION. PLEASE RETURN THIS COMPLETED SURVEY TO:**

FEB SHARED NEUTRALS COUNCIL  
 ROOM 510 - BISHOP HENRY WHIPPLE FEDERAL BUILDING  
 1 FEDERAL DRIVE  
 FORT SNELLING MN 55111-4058



# Mediator Evaluation of Process

To be completed by mediator(s) at the end of mediation conference and returned to the FEB of Minnesota Shared Neutrals Council.

MEDIATOR 1		MEDIATOR 2	
EMPLOYING AGENCY	LOCATION	EMPLOYING AGENCY	LOCATION
HOURLY PAY RATE	TRAVEL COSTS	HOURLY PAY RATE	TRAVEL COSTS
CASE NUMBER	AGENCY	LOCATION	MEDIATION DATES
OUTCOME OF MEDIATION			

Please complete all questions. For additional comments, please continue on the back of this form.

1.	Please describe any impacts or benefits that you feel have resulted from the mediation process. Examples include repaired working relationships, enhanced communication or office productivity, cost savings and any other benefit you can identify.
2.	Explain why the case settled or didn't settle from your view as neutral.
3.	Provide positive or negative comments about process and anything unusual about this matter that the FEB Mediation Coordinator and/or Shared Neutral Council should be aware of:
4.	Do you believe mediation was appropriate for this particular matter?
5.	Was the fact that you came from a different Federal Agency to facilitate this process helpful or detrimental to the situation?
6.	Is there anything you can suggest that would improve the Shared Neutral Program?

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. YOUR RESPONSES WILL BE INCLUDED IN EVALUATING THE EFFECTIVENESS OF THE FEB SHARED NEUTRALS PROGRAM. PLEASE RETURN THIS COMPLETED SURVEY TO:**

FEB SHARED NEUTRALS COUNCIL  
 ROOM 510 - BISHOP HENRY WHIPPLE FEDERAL BUILDING  
 1 FEDERAL DRIVE  
 FORT SNELLING MN 55111-4058



# Agency Evaluation of Process

We are looking to determine the effectiveness of the Federal Executive Board's Shared Neutrals Program. FEB member agencies who have used the program are requested to complete this questionnaire. Completing this evaluation will provide information that will assist us in improving the program.

<b>NAME OF AGENCY</b>	<b>DATE OF EVALUATION</b>
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1.	Please describe any impacts or benefits that you feel have resulted from the mediation process. Examples include repaired working relationships, enhanced communication or office productivity, cost savings and any other benefit you can identify.
2.	Are you satisfied with the overall process?
3.	Will your agency continue to use mediation?
4.	Is there anything that you think should be done to improve the Shared Neutrals Program?
5.	If your agency has participated in a co-mediation, was it beneficial to have two mediators?
6.	Please provide any other comments on the program.

Thank you for taking the time to fill out this survey. The information you have provided will help us to improve the program. Please mail the questionnaire to:

Federal Executive Board of Minnesota  
Room 510 Bishop Henry Whipple Federal Building  
1 Federal Drive  
Fort Snelling, Minnesota 55111-4058  
Fax Number: (612) 713-7203



# Mediator Application

NAME (Last, First, MI)		TITLE	
EMPLOYING AGENCY		COMPONENT/DIVISION	
OFFICE ADDRESS		TELEPHONE NUMBER	FAX NUMBER
		EMAIL ADDRESS	
SUPERVISOR'S NAME, TITLE AND TELEPHONE			

## Dispute Resolution Training

List course title and name of agency sponsoring training. Include dates, location and total hours of actual instruction. Include proof of completion for all training.

DATES		COURSE TITLE - SPONSORING AGENCY	LOCATION	HOURS
START	END			

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

## Dispute Resolution Experience

Types of process, number of cases, co-mediation or individual sessions, evaluator(s) and years, co-mediations or individual, evaluations - who conducted them

PROCESS	CASES	MEDIATOR OR CO-MEDIATOR	EVALUATIONS	YEARS

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

## Related Experience

Work experience as mediator, attorney, investigator, EEO Specialist, etc. Attorneys should indicate subject matter areas of substantive legal expertise.

POSITION	EMPLOYER	PROCESS	YEARS

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

Any additional skills that would aid you in a mediation/facilitated process (e.g., foreign language fluency, sign language, etc.)
Professional affiliations which you consider relevant to your activity as a neutral

**Conduct Standards for Mediators in the Shared Neutrals Program**

The conduct of mediators in this program will be governed by the following standards:

**Self-Determination:** Self-determination is the fundamental principle of mediation. It requires that the mediation process rely upon the ability of the parties to reach a voluntary, uncoerced agreement. Any party may withdraw from mediation at any time.

**Impartiality:** A mediator shall mediate only those matters in which she/he can remain impartial and evenhanded. If at any time the mediator is unable to conduct the process in an impartial manner, he/she is obligated to withdraw

**Conflicts of Interest:** A conflict of interest is any action or relationship that might create an impression of possible bias. The basic approach to questions of conflict of interest is consistent with the concept of self-determination. The mediator has a responsibility to disclose all actual and potential conflicts that are reasonably known and could reasonably be seen as raising a question about impartiality.

**Competence:** A mediator will mediate only when he/she has the necessary qualifications to satisfy the reasonable expectations of the parties.

**Confidentiality:** A mediator will maintain the reasonable expectations of the parties with regard to confidentiality.

**Quality of the Process:** A mediator shall conduct the mediation fairly, diligently, and in a manner consistent with the principle of self-determination.

**Read and Sign the Following Statement**

I hereby certify that the information provided in this form or attached is true to the best of my knowledge and belief and accurately reflects my qualifications to provide dispute resolution services in cases referred through the Federal Executive Board of Minnesota's Shared Neutrals Program. I understand that all information herein is subject to verification. I agree to keep my supervisor apprised of my dispute resolution work and to ensure that this project will not interfere with my daily work responsibilities. Furthermore, I hereby agree that if any problem arises related to my involvement as a neutral or any representations I have made related to this program, it shall be resolved by the Shared Neutrals Council whose determination shall be final on all matters. I have read the Standards of Conduct for Mediators above and agree to abide by all such standards when acting as a neutral under this program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Statement of Applicant's Supervisor**

I have reviewed the information on this form and believe it to be accurate. Additionally, I approve of this applicant's participation in the Shared Neutrals Program.

\_\_\_\_\_  
Signature of Applicant's Supervisor

\_\_\_\_\_  
Date

**Note to applicant:** Forward one complete copy of this form to your agency Shared Neutrals Coordinator

**Privacy Act Statement:** The collection of this information is authorized by 5 U.S.C. 574. This information will be used to update your mediator profile. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA or FLRA; where pertinent in a legal proceeding to which the government is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the government; to an expert or consultant under contract with the government to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed under 29 C.F.R. 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices. The completion of this form is voluntary; however, if this information is not provided, you may not be included on the Federal Executive Board of Minnesota Shared Neutrals Program roster of mediators.



# Mediator Continuing Education

<b>NAME (Last, First, MI)</b>	<b>TITLE</b>		
<b>EMPLOYING AGENCY</b>	<b>COMPONENT/DIVISION</b>		
<b>OFFICE ADDRESS</b>	<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>	
	<b>EMAIL ADDRESS</b>		

## Mediator Continuing Professional Education

List course title and name of the agency sponsoring the training. Include the dates, location and total hours of actual instruction. Include proof of completion for any continuing education completed other than events sponsored by the FEB Shared Neutrals Council.

DATES		COURSE TITLE - SPONSORING AGENCY	LOCATION	HOURS
START	END			

### Read and Sign the Following Statement

I hereby certify that the information provided in this form or attached is true to the best of my knowledge and belief and accurately reflects continuing professional education completed by me.

I understand that all information herein is subject to verification.

\_\_\_\_\_  
Signature of Mediator

\_\_\_\_\_  
Date

**Note to mediator:** Return completed form to the FEB Shared Neutrals Council no later than December 31, 2001. Forward one complete copy of this form to your agency Shared Neutrals Coordinator

**Privacy Act Statement:** The collection of this information is authorized by 5 U.S.C. 574. This information will be used to update your mediator profile. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA or FLRA; where pertinent in a legal proceeding to which the government is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the government; to an expert or consultant under contract with the government to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed under 29 C.F.R. 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices. The completion of this form is voluntary; however, if this information is not provided, you may not be included on the Federal Executive Board of Minnesota Shared Neutrals Program roster of mediators.



# Mediator Trainee Evaluation

Please complete this evaluation form and return it to the FEB Shared Neutrals Council. Thank you.

<b>MEDIATOR</b>	<b>AGENCY</b>
<b>MEDIATOR TRAINEE</b>	<b>TRAINEE'S AGENCY</b>
<b>CASE NUMBER</b>	<b>MEDIATION DATE[S]</b>

Please evaluate the Mediator-Trainee using the following scale. Remember that an honest critique is needed so that skills can be developed. You are directed to share all comments with the trainee in a positive light including alternatives that may be more efficient.

**1**                      **2**                      **3**                      **4**                      **5**  
**Needs**                **Good**                **Very Good**        **Excellent**        **Not Observed**  
**Improvement**

		1	2	3	4	5
1	Providing introduction					
2	Listening					
3	Empathizing					
4	Maintaining confidentiality					
5	Assisting parties in creating options					
6	Testing perceptions against facts					
7	Caucusing					
8	Reaching closure/agreement					
9	Allowing parties to own the process					
10	The mediator-trainee was fair					
11	The mediator-trainee was effective					

Was there any critical element of the mediation process that the trainee had problems with? If so, please explain:

Thank you for taking the time to fill out this survey. The information you have provided will help us to improve the program. Please mail the questionnaire to:

Federal Executive Board of Minnesota  
 Room 510 Bishop Henry Whipple Federal Building  
 1 Federal Drive  
 Fort Snelling, Minnesota 55111-4058  
 Fax Number: **(612) 713-7203**