



Request for Mediation Services

1.	NAME (Last, First, MI)	MEDIATION or WORKPLACE FACILITATION (Please Circle)
2.	EMPLOYING AGENCY	POSITION (Title, Grade and Series)
3.	PLACE OF EMPLOYMENT (Address, City, State, Zip Code)	PHONE NUMBER
		EMAIL ADDRESS
4.	REPRESENTATIVE'S NAME AND PHONE NUMBER (if applicable)	
5.	IF MEDIATION IS REQUESTED, INCLUDE NAME AND PHONE NUMBERS OF OTHER PARTIES (Please identify Position/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/FACILITATION [Please describe the issues you are requesting be mediated, or describe the nature of your workplace facilitation. 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 SERVICE	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

Please submit completed request to Andria_Horwitz@ios.doi.gov or by fax to (612) 725-1750.