

REQUEST FOR FACILITATION

INSTRUCTIONS: This form should be completed by a Point of Contact (POC) who is making the administrative arrangements on behalf of the parties seeking facilitation or workplace mediation services. It should be submitted at the same time as the Agreement to Participate in Good Faith. If preferred, POCs may submit their own agency's agreement to participate in good faith. Please submit both forms as PDF attachment to the Center for ADR, Defense Office of Hearings and Appeals by e-mail at osd.pentagon.ogc.mbx.doha-mediation-requests@mail.mil. **Please note that all information must be completed before this request will be processed.** Please write "N/A" if a question is not applicable.

DOHA Case # [Office Use Only - Leave Blank] _____

POC INFORMATION

1. DoD Agency/Component Requesting Facilitation Services:

2. Date Request Submitted:

3. ADR Case Manager/Coordinator Name:

Position:

Telephone # Commercial:

Email:

If the requesting POC will not be present on the date of the facilitated conversation, please provide the name, telephone number, and e-mail address of a day-of POC for this session:

4. Are there any deadlines under which you are working to complete this facilitated conversation session by a certain date? Yes _____ No _____ Not Applicable _____

If Yes, please explain the reason for this deadline and the date by which you believe this session must be conducted:

5. Are you attempting to secure a neutral from another source other than the DoD Roster of Neutrals? Yes _____ No _____

TYPE OF FACILITATION SOUGHT

_____ Non-EEO Workplace Conflict between a single employee and management (filing of an administrative or legal action has not occurred)

_____ Other type of Workplace Conflict between a single employee and management

_____ Group Facilitation for a workplace team conflict, sought by management and team

PARTICIPANT INFORMATION

6. Parties to the session (Please spell out all acronyms)

a. Party Requesting Facilitation:

Occupation:

Will this participant be bringing a representative? Yes _____ No _____ If yes, what is the representative's name and relationship to the participant?

Has this participant signed an Agreement to Participate in Good Faith (either co-signing in the participants' joint agreement or signing their own document) Yes _____ No _____

Is this participant available for a minimum of four (and up to eight) consecutive hours? Yes _____ No _____

b. Participant #2:

Occupation:

Will this participant be bringing a representative? Yes _____ No _____ If yes, what is the representative's name and relationship to the participant?

Has this participant signed an Agreement to Participate in Good Faith (either co-signing in the participants' joint agreement or signing their own document) Yes _____ No _____

Is this participant available for a minimum of four (and up to eight) consecutive hours? Yes _____ No _____

c. Additional Participants (if applicable): *Please attach an additional page listing all additional participants. For a group/team facilitation, you may attach an Agreement to Participate in Good Faith signed by all participants.*

d. Does the participating management official possess the requisite authority to participate in a good faith and develop a collaborative resolution of this matter? Yes _____ No _____ Not Applicable _____

7. If any participants in this facilitation are in a bargaining unit, has his/her exclusive representative been informed? Yes _____ No _____ Not Applicable _____

If any participants in this facilitation are in a bargaining unit, does the union concur with the intent to engage in facilitated discussions? Yes _____ No _____ Not Applicable _____

8. Have there been any prior attempts to resolve this matter? Yes _____ No _____ If yes, please explain:

9. Have all participants (including any attorneys or non-attorney representatives) been informed of the basic principles of facilitation and what it means to facilitate in good faith? Yes _____ No _____

10. Have all the participants committed to participate for a minimum of 4 hours, and potentially a full 8 hours, for this process the day of the facilitation? Yes _____ No _____ If yes, please describe their rationale:

FACILITATION LOGISTICS

11. The Roster's most common manner of providing facilitation services is through telephone facilitation. Is telephone facilitation acceptable to both parties? Yes _____ No _____

NOTE: The Roster does not suggest telephone facilitation as a means for group facilitation. Please see #12, below.

If telephone facilitation is requested, what arrangements have you made to ensure phone conferencing available to all parties for the duration of the meeting (up to eight hours)?

For telephone facilitations, what will be the call-in information for the facilitation session?

If you cannot provide this information until a facilitation date is confirmed, please confirm that you will be able to do so upon confirmation of the facilitation date.

12. Are the parties seeking in-person facilitation? Yes _____ No _____

If so, what is the location where the facilitation session will be held (full street address including city and zip code, base name if applicable, building, room number)

Are any special arrangements/passes necessary to obtain access to this location or to reserve parking? Yes _____ No _____ (if yes, please specify what is required and how far in advance of the session this information must be provided to you):

Does that location provide sufficient privacy protections that the confidentiality of the joint facilitation discussions can be protected from other personnel? Yes___ No___

Does that location provide separate room(s) where witnesses can wait and where a caucus can be held with one party outside the hearing of the other party, or small group break-outs in the case of a group facilitation? Yes___ No___

If a facilitator is unavailable in the local commuting area, is the requesting office willing to pay travel and per diem cost for a Roster neutral from outside the geographic area of the session location? Yes___ No___

13. Does the facilitator need a specific security clearance level to conduct this facilitation?
Yes___ No___ If yes, please specify the level required:

14. Do any participants have special needs for which accommodations are required?
Yes___ No___ (if yes, please specify):

15. Does this facilitation involve issues for which Subject Matter Experts (SMEs) may be needed? Yes___ No___ If yes, have you identified SMEs who will be available in real time on the date of facilitation to answer any questions that may arise during the facilitation?
Yes___ No___

FACILITATION SESSION

16. Session Specifics

a. If this is a workplace conflict between a specific employee and their management structure, please confirm that the matter is not an active administrative or legal dispute, including that it is not an EEO dispute in either informal or formal stage of the process.

b. If this is a workplace conflict between a specific employee and their management structure, please provide a brief summary of the circumstances giving rise to the disagreement or conflict and the relief sought by the complaining employee.

c. What is the nature of the issues, conflict or communication difficulties that brought the participants to seek the assistance of a neutral facilitator? Please also provide as much detailed information as possible about the issues giving rise to the dispute:

17. Is there any other information the Roster needs to know in order to obtain a neutral for this facilitation?

17. Please list at least three dates, in order of preference, when all participants (to include representatives, if any) have confirmed their availability for a facilitated conversation.

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Additional Date Options of Availability (please provide as many as the participants have confirmed availability):