

## REQUEST FOR MEDIATION

INSTRUCTIONS: This form should be completed by The ADR Case Manager/Coordinator acting as the Point of Contact (POC) making the administrative arrangements on behalf of the parties seeking mediation. It must be submitted at the same time as an Agreement to Mediate in Good Faith signed by the parties. If preferred, POCs may submit their own agency's Agreement to Mediate in Good Faith form in lieu of the DoD Roster's form. Submit both forms to the Center for ADR, Defense Office of Hearings and Appeals by e-mail at [osd.pentagon.ogc.mbx.doha-mediation-requests@mail.mil](mailto: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 Mediation 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 mediation, please provide the name, telephone number, and e-mail address of an alternate/day-of POC for this mediation:**

### PROPOSED DATES FOR MEDIATION

4. Are there any deadlines under which you are working to complete this mediation session by a certain date? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the reason for this deadline and the date by which you believe this mediation must be conducted (e.g. party unavailability; 90-day deadline if pre-complaint; other):

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

6. Please list at least three dates, in order of preference, when all participants have confirmed their availability for mediation. **NOTE: *None of these dates should be less than two weeks from the date that this Request for Mediation and accompanying signed Agreement to Mediate in Good Faith are submitted.***

1<sup>st</sup> Choice:

2d Choice:

3d Choice:

Other:

## **PARTICIPANT INFORMATION**

### 7. Parties to the Mediation (Please spell out all acronyms)

a. Aggrieved/Complainant (if EEO) or Complainant Employee (if non-EEO legal dispute):

Name:

Occupation:

Will this participant be bringing a representative? \_\_\_\_\_ If yes, what is the representative's name and relationship to the participant?

Has this participant signed an Agreement to Mediate In Good Faith (either co-signing on the parties' joint agreement or signing their own document. Yes\_\_\_\_ No\_\_\_\_ [See *instructions at the beginning of this Request form for submitting same*]

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

b. Responding Management Official participating on behalf of the agency:

Name:

Occupation:

Has this participant signed an Agreement to Mediate In Good Faith (either co-signing on the parties' joint agreement or signing their own document.) Yes\_\_\_\_ No\_\_\_\_ [See *instructions at the beginning of this Request form for submitting same*]

Will this participant be bringing a representative? \_\_\_\_\_ If yes, what is the representative's name and relationship to the participant?:

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

c. Additional Participants (if applicable):

Names:

(for each) Relationship to parties and dispute:

(for each) Has this participant signed an Agreement to Mediate In Good Faith (either co-signing on the parties' joint agreement or signing their own document. Yes\_\_\_\_ No\_\_\_\_ [See *instructions at the beginning of this Request form for submitting same*]

d. Does the Responding Management Official (RMO) possess the requisite authority to settle this matter on the day of the mediation? Yes \_\_\_\_ No \_\_\_\_

If No, please provide the name, phone number, and e-mail address of the settlement authority who will be available in real time to be contacted and to provide authority to settle the matter on the day of the mediation:

8. If a participant in this dispute is in a bargaining unit, has his/her exclusive representative been informed? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_
9. If a participant in this dispute is in a bargaining unit, does the union concur with the intent to mediate? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_
10. Have there been any prior attempts to resolve this case? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:
11. Have all participants (including attorney and non-attorney representatives) been informed of the basic principles of facilitative mediation and what it means to mediate in good faith? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have all the participants (including attorney and non-attorney representatives) been informed that they must commit to 8 hours on the day of mediation? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has either party sought any time constraints regarding this mediation session, such as a session needing to be completed by a certain time of day? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain their rationale:

### **MEDIATION LOGISTICS**

13. The Roster's most common manner of providing mediation services is through telephone mediation. Is telephone mediation acceptable to both parties? Yes \_\_\_\_\_ No \_\_\_\_\_

If telephone mediation 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 mediations, what will be the call-in information for the mediation session?

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

14. Are the parties seeking in-person mediation? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the location where the mediation 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 mediation 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? Yes \_\_\_\_\_ No \_\_\_\_\_

If a mediator 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 \_\_\_\_\_

15. Does the mediator need a specific security clearance level to conduct this mediation? \ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify the level required:

16. Do the participants have any special needs for which accommodations are required? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please specify):

## **MEDIATION SESSION**

### **17. Mediation Case Specifics**

a. What is the nature of the complaint? Please be specific regarding whether this is an EEO dispute and whether it is in the informal or the formal stage.

If this is an active legal dispute under jurisdiction other than EEO law, please identify the nature and filing status of the complaint to be mediated.

*NOTE: The DoD Roster of Neutrals does provide neutrals to resolve early workplace conflict that has not risen to the level of a legal dispute. That process is known as Facilitation, rather than mediation. Please see the Request for Facilitation.*

b. Please state the nature of the allegations, identify the legal issues in dispute, and provide a brief summary of the circumstances giving rise to the dispute and the relief sought to resolve the complaint.

If EEO, state the basis/bases upon which the employee has alleged discrimination and specific details concerning what transpired that leads the Aggrieved/Complainant to believe they were discriminated against on this/these basis/bases.

18. **Subject Matter Experts**

Have you identified Subject Matter Expert(s) (SMEs) available to provide advice on the legal, EEO and LMER/HR issues that may arise during this? Yes\_\_\_\_\_ No\_\_\_\_\_

If not, why not?

If yes, please note the name, position, and availability (i.e. whether they are accessible by telephone or in person during the mediation) for each SMR:

19. **Settlement Agreements**

Does your agency have a Settlement Agreement template for the mediator to use?  
Yes\_\_\_\_\_ No \_\_\_\_\_