



Office of Employment Dispute Resolution

MEDIATION, COACHING & WEBINAR REQUEST FORM

All information contained in this request form is strictly confidential.

AGENCY CONTACT INFORMATION (To Be Completed by a HR Representative, Agency Mediation Coordinator or Supervisor)	
Name:	Phone Number:
Agency:	Title:
Email:	
Service Initiated By: <input type="checkbox"/> Employee <input type="checkbox"/> Agency Supervisor <input type="checkbox"/> Agency Human Resources	
Agency Mandated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency's Main Goal to Achieve:	
<input type="checkbox"/> Not Applicable: Solely desire to learn proactive conflict management and professional growth skills. <input type="checkbox"/> Performance Management Issue or Concern Define Issue: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Written Counseling Memo Provided to Employee <input type="checkbox"/> Verbal Counseling Provided to Employee </div> <input type="checkbox"/> Formal Discipline Issued by Agency Describe: <input type="checkbox"/> Incivility, Bullying, Hostile Work Environment and/or Harassment Allegation Occurred <input type="checkbox"/> Allegation Investigated By Agency <input type="checkbox"/> Allegation Founded <input type="checkbox"/> Allegation Not Founded <input type="checkbox"/> Formal Discipline Issued by Agency Describe: <input type="checkbox"/> Other: <i>Please use the third page to describe in more detail and/or if special accommodations are requested.</i>	
Applicable Issues or Concerns:	
<input type="checkbox"/> Conflict Management Coaching – Professional Skill Development <i>(individual or 360 assessment fee applicable)</i> <input type="checkbox"/> Emotional Intelligence Coaching – Professional Skill Development <i>(individual or 360 assessment fee applicable)</i> <input type="checkbox"/> Remedial Coaching – Agency-Mandated Improvement <i>(individual or 360 assessment fee applicable)</i> <input type="checkbox"/> Mediation <input type="checkbox"/> Group Consultation <input type="checkbox"/> Webinar <i>(fee may be applicable)</i>	
Type of Service Requested: Do all participants voluntarily agree to participate in mediation/coaching and willingly act in good faith? <input type="checkbox"/> Yes <input type="checkbox"/> No Do all participants have access to a computer with microphone/speakers in a confidential space? <input type="checkbox"/> Yes <input type="checkbox"/> No Do all participants have access to a webcam in a confidential space? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note the participants' desired scheduling timeframe and EDR will contact the participants with available dates. <input type="checkbox"/> Immediate/Next Available Date <input type="checkbox"/> <1 Month <input type="checkbox"/> >1 Month **If mediation is requested, please provide all participants with a copy of the <i>Information about the Mediation Process</i> and the <i>Tips for Successful Mediation Participation</i> documents before you submit this request to EDR.	
Type of Webinar Requested: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Value-Based Conflict in the Workplace <input type="checkbox"/> Intergenerational Conflict in the Workplace <input type="checkbox"/> Workplace Dispute Resolution Services Overview <input type="checkbox"/> Best Practices in Employee Discipline and Discharge <input type="checkbox"/> Basic Grievance Hearing Skills </div> <div style="width: 45%;"> <input type="checkbox"/> Non-Verbal Communication Skills <input type="checkbox"/> Handling Workplace Conflict Effectively <i>(fee)</i> <input type="checkbox"/> Understanding and Using the Grievance Procedure <input type="checkbox"/> Enhancing Management's Response to Employee Grievances <input type="checkbox"/> Essential Topics in Employee Discipline and Grievances </div> </div> Webinar Date(s) Desired: _____	
Number of Webinar Participants : _____ **15 Minimum Requirement	

ADDITIONAL RELEVANT INFORMATION