



# Office of Employment Dispute Resolution

## MEDIATION REQUEST FORM

This form is to be completed by the Agency Mediation Coordinator. Please return this completed form to the Office of Employment Dispute Resolution, Attn: Mediation Staff via email: [EDR@dhrm.virginia.gov](mailto:EDR@dhrm.virginia.gov) or fax: (804) 786-1606. Please call (804) 786-7994 with any questions.

### GENERAL INFORMATION – AGENCY MEDIATION COORDINATOR

Name: \_\_\_\_\_ Request Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Department: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### FIRST PARTICIPANT

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Working Title: \_\_\_\_\_ Pay Band: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relation to Second Participant:  Co-worker  Direct Supervisor  Direct Supervisee  Other: \_\_\_\_\_

### SECOND PARTICIPANT

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Working Title: \_\_\_\_\_ Pay Band: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relation to First Participant:  Co-worker  Direct Supervisor  Direct Supervisee  Other: \_\_\_\_\_

### AVAILABLE DATES FOR MEDIATION

Please provide five dates, which are at least two weeks out from the request date, which are mutually agreed upon by all participants. Please note: mediation sessions typically last between 3-6 hours, so please provide dates in which all participants are available from 10:00 a.m. until 4:00 p.m. for requested dates.

\_\_\_\_\_

### PARTICIPANTS' PREFERRED LOCATION FOR MEDIATION

Mediations may either take place on-site at the agency or at the Office of Employment Dispute Resolution's conference room which is located in downtown Richmond, VA. If the participants prefer to have a mediation outside their workplace, please note that it will be the responsibility of the Agency Mediation Coordinator to coordinate an alternative location.

Building/Facility: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_

Special considerations or accommodations requested:

If DHRM is requested as the location, the following vehicle information **MUST** be provided for parking pass purposes:

	Vehicle Make	Vehicle Color	License Plate No.
First Participant's	_____	_____	_____
Second Participant's	_____	_____	_____

Received date: \_\_\_\_\_ Approved date: \_\_\_\_\_ Scheduled date: \_\_\_\_\_  
Location: \_\_\_\_\_ Mediators Assigned: \_\_\_\_\_



# Office of Employment Dispute Resolution

## AGENCY MEDIATION COORDINATOR INTAKE CHECKLIST

Please consider this section when preparing to speak with each participant about the dispute and complete it upon speaking to each participant.

Questions to ask participants:

	1 <sup>st</sup> Participant		2 <sup>nd</sup> Participant	
	Yes	No	Yes	No
Are you willing to act in good faith and voluntarily participate in mediation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the underlying issue(s) only between you and the other participant(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Should anyone else be a participant in the mediation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any safety concerns about this mediation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check all that apply to the issues relating to this dispute:

- |  |   |   |                                   |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Communication     | <input type="checkbox"/> Respect          | <input type="checkbox"/> Trust                  | <input type="checkbox"/> Gossip   |
| <input type="checkbox"/> Work Expectations | <input type="checkbox"/> Management Style | <input type="checkbox"/> Performance Evaluation | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Personality       | <input type="checkbox"/> Generational     | <input type="checkbox"/> Culture/Religion       | <input type="checkbox"/> Safety   |
| <input type="checkbox"/> Race/Ethnicity    | <input type="checkbox"/> Gender/Sex       | <input type="checkbox"/> Harassment             | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Other: _____      |   |   |                                   |

Please make sure to provide the following listed documents to each participant and check once completed:

- I have provided a copy of Information about the Mediation Process to each participant
- I have provided a copy of Tips for Successful Mediation Participation to each participant

### ADDITIONAL INFORMATION

Please provide any relevant and important information for EDR and the mediators to know about this dispute that has not already been provided:

**Upon completion, please email or fax to:**  
**Office of Employment Dispute Resolution**  
**ATTN: Mediation Staff**

Email: [EDR@dhrm.virginia.gov](mailto:EDR@dhrm.virginia.gov) | Fax: (804) 786-1606



# Office of Employment Dispute Resolution

## ADDITIONAL PARTICIPANT INFORMATION

Please complete this page if there are additional participants to the mediation.

### THIRD PARTICIPANT

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Working Title: \_\_\_\_\_ Pay Band: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relation to First Participant:  Co-worker  Direct Supervisor  Direct Supervisee  Other: \_\_\_\_\_

Relation to Second Participant:  Co-worker  Direct Supervisor  Direct Supervisee  Other: \_\_\_\_\_

### FOURTH PARTICIPANT

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Working Title: \_\_\_\_\_ Pay Band: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relation to First Participant:  Co-worker  Direct Supervisor  Direct Supervisee  Other: \_\_\_\_\_

Relation to Second Participant:  Co-worker  Direct Supervisor  Direct Supervisee  Other: \_\_\_\_\_

Relation to Third Participant:  Co-worker  Direct Supervisor  Direct Supervisee  Other: \_\_\_\_\_

### LOCATION INFORMATION CONTINUED

Special considerations or accommodations requested:

If DHRM is requested as the location, the following vehicle information **MUST** be provided for parking pass purposes:

	Vehicle Make	Vehicle Color	License Plate No.
Third Participant's	_____	_____	_____
Fourth Participant's	_____	_____	_____

### AGENCY MEDIATION COORDINATOR INTAKE CHECKLIST

Please consider this section when preparing to speak with each participant about the dispute and complete it upon speaking to each participant.

Questions to ask participants:

	3 <sup>rd</sup> Participant		4 <sup>th</sup> Participant	
	Yes	No	Yes	No
Are you willing to act in good faith and voluntarily participate in mediation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the underlying issue(s) only between you and the other participant(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Should anyone else be a participant in the mediation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any safety concerns about this mediation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>