



Office of Employment Dispute Resolution

MEDIATION, COACHING & TRAINING 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: _____ <input type="checkbox"/> Written Counseling Memo Provided to Employee <input type="checkbox"/> Verbal Counseling Provided to Employee <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"/> Trust & Respect Concerns <input type="checkbox"/> Poor Communication Skills <input type="checkbox"/> Performance Evaluation Dispute <input type="checkbox"/> Generational Differences <input type="checkbox"/> Management Style Differences <input type="checkbox"/> Personality Clashes <input type="checkbox"/> Gender/Sex <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Culture/Religion <input type="checkbox"/> Safety or Violence Concerns <input type="checkbox"/> Other: _____ <input type="checkbox"/> Special accommodations requested: _____	
Type of Service Requested:	<input type="checkbox"/> Conflict Management 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"/> Conflict Management Training (<i>fee may be applicable</i>)
If Mediation is Requested:	<p>Available Dates for Mediation: Please provide five dates, which are at least one week 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.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Preferred Mediation Location: Mediations may either take place on-site at the agency or at the Virginia Workers' Compensation Commission headquarters which is located in downtown Richmond, VA. Please indicate where the participants' preferred location is for this mediation:</p> <p>_____</p> <p>Do all participants voluntarily agree to participate in mediation and willingly act in good faith? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>**Please provide all participants with a copy of the Information about the Mediation Process and the Tips for Successful Mediation Participation documents before you submit this request to EDR.</i></p>
If Training is Requested:	<p>Training Date(s) Desired: _____</p> <p>Training Location: _____</p> <p>Specific EDR Training Requested: _____</p> <p>Number of Training Participants: _____</p>

