



Office of Equal Employment and 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 Equal Employment and Dispute Resolution, Attn: Mediation Staff via email: 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 Equal Employment and 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 Equal Employment and 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:

1st Participant 2nd Participant

Yes No Yes No

Are you willing to act in good faith and voluntarily participate in mediation?

Is the underlying issue(s) only between you and the other participant(s)?

Should anyone else be a participant in the mediation?

Do you have any safety concerns about this mediation?

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

- Communication
- Work Expectations
- Personality
- Race/Ethnicity
- Other: _____
- Respect
- Management Style
- Generational
- Gender/Sex
- Trust
- Performance Evaluation
- Culture/Religion
- Harassment
- Gossip
- Bullying
- Safety
- Violence

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 EEDR and the mediators to know about this dispute that has not already been provided:

Upon completion, please email or fax to:
Office of Equal Employment and Dispute Resolution
ATTN: Mediation Staff
 Email: EDR@dhrm.virginia.gov | Fax: (804) 786-1606



Office of Equal Employment and 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:

Are you willing to act in good faith and voluntarily participate in mediation?

Is the underlying issue(s) only between you and the other participant(s)?

Should anyone else be a participant in the mediation?

Do you have any safety concerns about this mediation?

3 rd Participant		4 th Participant	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>