Shared Neutrals ADR Program (SNAP)

REQUEST FOR MEDIATION
Form B

To be completed by the Participating Agency SNAP Liaison:

1) Date of Request: _____ Case # _____

2) Agency: _____

3) Agency SNAP Liaison who is handling this intake information and is responsible for getting information to the mediator:

Name: _____
Address: _____
Telephone # _____ Fax # _____ Other # _____

PARTIES

4) Complainant:
_____

Work Hours:
_____
Work Address:
_____
Telephone # Home _____ Work # _____ Other #_____

5) Complainant's Representative:
_____

Name:
_____
Address:
_____
Telephone # _____ Fax # _____ Other # _____

6) Agency Respondent:

_____

Name:

_____

Address:

_____

Telephone # _____ Fax # _____ Other #

_____

Note: Agency Respondent present at mediation must have full authority to settle complaint or be in direct contact with a management official who can settle complaint.

7) Agency Representative:

_____

Name:

_____

Address:

_____

Telephone # _____ Fax # _____ Other #

_____

8) Site of Mediation: _____
Address: _____
POC Telephone # _____ Fax # _____ Other #

_____

9) Provide 3 dates within the next 30 days that all parties will be available at least one day to attend mediation.

Dates: _____

10) Type of Case (e.g.: EEO complaint, general workplace dispute, etc.):

_____

_____

11) Issue(s) in this case (attach copy of complaint, if available):

_____

_____

_____

_____

_____

_____

_____
_____

12) If an EEO case, please provide the following:

EEO Basis(es): Race _____ Color _____ Religion _____
Sex _____ Sexual Orientation _____ National Origin _____
Mental/Physical Disability _____ Age _____ Reprisal _____

Date of the alleged discriminatory action: _____

Status of Complaint: Informal _____ Formal _____ Hearing Stage _____

Anything else that would be useful to know in referring Mediators:
_____
_____
_____
_____