PERSONNEL APPEALS BOARD
U.S. Government Accountability Office

MEDIATION FORM

Pursuant to the Personnel Appeals Board's Guidelines for Mediation, you may request (or decline to request) to mediate the dispute that forms the basis of the Charge that you have filed with the PAB Office of General Counsel. You must complete and return this form to the PAB's Office of General Counsel within 14 days from the date that you received it. You may return the completed form by mail or in person to 820 First Street NE, Washington, D.C. 20002 Suite 580; by fax to (202) 512-7522; or by email to PABOGC@gao.gov. If you do not return the completed form within 14 days, it will be assumed that you have declined Mediation at the initial stage of the investigation.

Please furnish the following information:

Name (last, first, middle initial)		**Address**
Home Telephone Number	**Work Telephone Number**	**Name of Representative**, if any
Name, Title and Phone Number of Person Responsible for Alleged Action		
Date Complaint Was Filed:	**Date You Were Notified About Mediation:**	

Have you had the opportunity to review the pamphlet that explains the Board's mediation program? Y__/N__

Are you interested in participating in mediation in an attempt to resolve your charge? Y__/N__

Do you want the General Counsel to begin the process of securing a mediator? Y__/N__

Brief description of the issue you hope to resolve:

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I understand that mediation is a voluntary process used to attempt to resolve workplace disputes. I also understand that it is a confidential process.

Signature: _____

Date: _____