



# REQUEST FOR MEDIATION IN NON-EEO CASES (Central Office Employees Only)

1A. NAME OF INDIVIDUAL REQUESTING MEDIATION	1B. DATE REQUESTED
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1C. NAME OF VA FACILITY AND OFFICE	1D. WORK PHONE NUMBER
	1E. FAX PHONE NUMBER
	1F. E-MAIL ADDRESS

2A. NAME OF REPRESENTATIVE (If applicable)	2B. PHONE NUMBER	2C. FAX NUMBER	2D. E-MAIL ADDRESS
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3A. IS REQUESTOR A MEMBER OF THE BARGAINING UNIT <input type="checkbox"/> NO <input type="checkbox"/> YES (If "YES," complete item 3B)	3B. NAME OF LOCAL BARGAINING UNIT
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**NOTE:** In some instances where a party is a member of the bargaining unit, the union may be notified of and invited to participate in the mediation session.

4. NAME AND TITLE OF OTHER PARTY(IES) INVOLVED IN THE DISPUTE

4A. NAME OF OTHER PARTY	4B. TITLE OF OTHER PARTY
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4C. NAME OF OTHER PARTY	4D. TITLE OF OTHER PARTY
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5A. HAVE YOU COMMUNICATED WITH THE OTHER PARTY(IES) ABOUT YOUR REQUEST FOR MEDIATION <input type="checkbox"/> NO <input type="checkbox"/> YES (If "YES," complete item 5B)
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5B. PROVIDE ANY FEEDBACK RECEIVED FROM OTHER PARTY(IES)
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6. BRIEFLY DESCRIBE THE ISSUE(S) FOR MEDIATION
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7. HAVE YOU INITIATED AN EEO COMPLAINT REGARDING THE MATTER DESCRIBED ABOVE? <input type="checkbox"/> NO <input type="checkbox"/> YES	8. HAVE YOU INITIATED A GRIEVANCE REGARDING THE MATTER DESCRIBED ABOVE? <input type="checkbox"/> NO <input type="checkbox"/> YES	9A. HAVE YOU INITIATED ANY OTHER PROCESS REGARDING THE MATTER DESCRIBED ABOVE? <input type="checkbox"/> NO <input type="checkbox"/> YES (If "YES," complete item 9B)
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9B. EXPLAIN OTHER PROCESSES INITIATED REGARDING THE MATTER DESCRIBED ABOVE
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**NOTE:** If you are attempting mediation in lieu of or prior to initiating any other process, please be advised that the time frames for initiating a complaint or grievance continue to run while you are involved in mediation.

10. MEDIATOR(S) REQUESTED (Choose one) <input type="checkbox"/> VA MEDIATOR(S) <input type="checkbox"/> NON-VA MEDIATOR(S)	<b>NOTE:</b> A list of the VA Certified Mediators in the Washington, DC area is located on the ADR website:  VA mediators are assigned based on availability.
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**SUBMISSION:** Submit via fax your request for mediation to the VACO ADR Coordinator at 202-501-2885. Once received, the VACO ADR Program will review the request to make sure the matter is eligible for mediation and take the appropriate steps to determine if the other party is willing to participate in the process. If the parties consent to mediation, the VACO ADR Coordinator will obtain mediators and coordinate scheduling.