



Virginia Department of Employment Dispute Resolution

MEDIATION REQUEST FOR TWO PARTY DISPUTE

- This form is to be completed by the Agency Workplace Mediation Coordinator.
- Upon completion, please return this form to the Department of Employment Dispute Resolution, Attn: Mediation Staff via fax: (804) 786-0111 or email: administrator@edr.virginia.gov. If you have any questions, please call (804) 786-7994.

GENERAL INFORMATION

Date of Request: _____

Name of Agency Workplace Mediation Coordinator: _____

Agency: _____

Department: _____ Facility: _____

Email Address: _____

Work Phone: _____ Fax: _____

Brief Description of Dispute and Issues: *(Please use page 3 to provide a full background of the dispute, including other avenues management has pursued to resolve these issues and the names of other persons potentially involved)*

Participants Preferred Location for Mediation Session: _____
(Please note most participants feel more comfortable mediating at a location outside of their workplace. If an agency cannot provide an alternative location for the mediation session, the Department of Employment Dispute Resolution's conference room is also available.)

Special considerations or accommodations requested:

I have informed the participants of the roles and responsibilities of participants and mediators by giving them a copy of [Information about the Mediation Process](#) and [Tips for Successful Mediation Participation](#) and how to contact EDR for further information. Yes No

TO BE COMPLETED BY EDR

Received Date: _____ Date Approved for Mediation _____ By _____

Schedule Details: _____

FIRST PARTICIPANT

Name: _____ Gender: Male Female

Working Title: _____ Pay Band: _____

Mailing Address: _____
Street City State Zip

Email Address: _____

Work Phone: _____ Fax: _____

Working Relationship to the Second Participant:

- Supervises the other participant
- Supervised by the other participant
- Does not supervise the other participant, but is in the other participant's chain of command
- Is not supervised by the other participant, but the other participant is in this employee's chain of command
- Co-Worker

SECOND PARTICIPANT

Name: _____ Gender: Male Female

Working Title: _____ Pay Band: _____

Mailing Address: _____
Street City State Zip

Email Address: _____

Work Phone: _____ Fax: _____

ADDITIONAL INFORMATION

Who referred the participants to mediation?

- Self
- Agency Workplace Mediation Coordinator
- Supervisor
- EDR Staff
- HR Staff Member
- Other _____

Mediation is being used:

- as early intervention (there is no plan at this time to file a grievance)
- in lieu of initiating a grievance and putting the grievance on hold until mediation is concluded
- after the conclusion of a grievance process

Please provide at least five dates, which are at least two weeks out from the date of this mediation request and mutually agreed upon by the parties, for the mediation session. Please note mediation sessions typically last 3-8 hours.
