



# United States District Court

District of New Mexico

EDR File No.: \_\_\_\_\_

## Request for Counseling

Under the Employment Dispute Resolution Plan

Prior to completing this form, please refer to the Employment Dispute Resolution (EDR) Plan for the District of New Mexico. *This form must be submitted to the EDR Coordinator or Alternate EDR Coordinator **within 60 days** of the alleged violation or within 60 days of the time you became aware of the alleged violation.* The period for counseling is 30 days or less, beginning on the date this form is received by the EDR Coordinator. Any notice or communication to be sent will be deemed to have been delivered if it is sent either by (1) certified mail or (2) e-mail, so long as the sender uses a Return Receipt to Confirm option, and receives a Delivery Confirmation Notice in response.

1. Today's Date: \_\_\_\_\_

2. Name and contact information of Person Requesting Counseling:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. Indicate Status of Person Requesting Counseling:

☐ Current Court employee    ☐ Former Court employee    ☐ Applicant for Court position

4. If current or former employee:

Employing office: \_\_\_\_\_

Employing office from whom you seek resolution of your dispute (if different): \_\_\_\_\_

Job Title: \_\_\_\_\_

5. If an applicant, the office to which you applied and the position you sought: \_\_\_\_\_

6. Date(s) of incidents or adverse employment action giving rise to this dispute: \_\_\_\_\_

**7. Reason for Request.** Describe the incidents or actions giving rise to this dispute and the claims being asserted. Be specific. Attach additional pages if necessary.

**8. Remedy Sought.** Please state the corrective action, result or resolution of this claim that is being sought. Be specific.

**9. Please identify the EDR claims under which this Request for Counseling is being filed. Select the relevant chapter(s) of the EDR Plan or the Model EEO Policy.**

- ☐ Chapter II -- Anti-Discrimination Rights (specify below)

☐ Race

☐ Color

☐ Religion

☐ Sex (includes Sexual Harassment)

☐ Chapter III -- Family and Medical Leave Rights

☐ Chapter IV -- Worker Adjustment and Retraining Notification Rights

☐ Chapter V -- Employment and Reemployment Rights of Members of the Uniformed Services

☐ Chapter VI -- Occupational Safety and Health Protections

☐ Chapter VII -- Polygraph Tests

☐ Chapter VIII -- Whistleblower Protection

☐ Model EEO Policy
- ☐ National Origin

☐ Age (at least 40 years old at the time of the alleged discrimination) \*

☐ Disability \*

\* Review Chapter II, § 2, *Special provision for probation and pretrial services officers*

**10. Name and contact information of any Attorney or Other Person Representing Requester:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**This Request for Counseling is submitted by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
EDR Coordinator's Signature

\_\_\_\_\_  
Date of Receipt