



United States District Court

District of New Mexico

EDR File No.: _____

Request for Mediation

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 15 days** after notice of the conclusion of the counseling period is sent.* Please attach a copy of your REQUEST FOR COUNSELING form. The period for mediation is 30 days or less, beginning on the date this form is received by the EDR Coordinator. The employee is required to attend at least one mediation session. ***Failure to pursue mediation will preclude further processing of your claim(s).*** 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) email, 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 Mediation:

Name: _____

Home Phone: _____

Work Phone: _____

Home Address: _____

Cell Phone: _____

E-mail Address: _____

3. Name and Contact Information of Employing Office Responding to Mediation Request:

Name: _____

Phone: _____

Alt. Phone: _____

Address: _____

Alt. Phone: _____

E-mail Address: _____

4. If any of the information supplied in the REQUEST FOR COUNSELING form (attached) filed in connection with this EDR matter is no longer accurate or needs to be updated, supplemented or revised, please note the number of the entry on the REQUEST FOR COUNSELING form to be changed, and state the changes you wish to make.

5. Describe below all of the claims you wish to raise in mediation. You may refer to your identification of EDR claims in your REQUEST FOR COUNSELING (question 9), but you are encouraged to explain in more detail in what way you believe your rights under the EDR Plan were violated. Attach additional pages if necessary. **Any claims not advanced in mediation may not be pursued in a complaint under the EDR Plan.**

6. Please identify the EDR claims under which this Request for Mediaion 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*

This Request for Mediation is submitted by:

Signature

EDR Coordinator's Signature

Date of Receipt

Name and contact information of Mediator to whom referred (to be completed by EDR Coordinator):

Name: _____

Date: _____

Address: _____

Phone: _____

Alt. Phone: _____

E-mail Address: _____