

REQUEST FOR COUNSELING UNDER EEO/EDR PLAN

Submitted under the procedures of the Consolidated Equal Employment Opportunity and Employee Dispute Resolution Plan (EEO/EDR Plan) for the District of Puerto Rico. Prior to completing this form, please refer to the EEO/EDR Plan. Please complete this form legibly.

1. Full Name of Person Requesting Counseling _____
2. Mailing Address _____

3. Home Phone _____ Work Phone _____
4. If you are a court employee, state the following:
 - a. Court Unit in which employed _____
 - b. Job Title and Grade _____
5. Name and address of the office from which you seek resolution of your dispute

6. Date(s) of alleged incident or decision giving rise to this dispute _____

This request for counseling is submitted by:

Signature

Date

Name of Counselor to whom submitted: _____

Counselor's Signature _____ Date of Receipt _____