

## 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 \_\_\_\_\_