

REQUEST FOR MEDIATION 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 Mediation _____

2. If any of the information supplied in the **REQUEST FOR COUNSELING FORM** filed in connection with this matter is no longer accurate, please note the number of the entry on the request for counseling form to be changed, and state the change(s) you wish to make:

3. Date counseling was initiated _____

4. Date of receipt of the notice of conclusion of counseling _____

5. Name of person who provided counseling _____

This request for mediation is submitted by:

Signature

Date

Name of Person to whom submitted: _____

Signature of Recipient _____ Date of Receipt _____