ADR

**REQUEST FOR MEDIATION**

**Please complete as much as possible**

1. **REQUESTER'S NAME, PHONE, & EMAIL ADDRESS:**

2**. DATE OF REQUEST:**

1. **ACTIVITY NAME & UIC CODE OF PARTIES INVOLVED:**
2. **IS THE ISSUE AN EEO COMPLAINT, GRIEVANCE, OR WORKPLACE DISPUTE?:**
3. **BRIEF SYNOPSIS OF ISSUE(S) INVOLVED:**
4. **TWO POSSIBLE DATES FOR ADR (at least 2 weeks from today):**

1. **PLACE OF MEDIATION (neutral site):**
2. **NAME/PHONE/EMAIL ADDRESS OF PARTY #1 (initiator):**

1. **WILL PARTY #1 BE ACCOMPANIED BY ATTORNEY OR REP?:**

 **(if so, their name & email address):**

1. **NAME/PHONE/EMAIL ADDRESS OF PARTY #2 (respondent):**

1. **WILL PARTY #2 BE ACCOMPANIED BY ATTORNEY OR REP?**

 **(if so, their name & email address):**

 **12, OTHER REQUIREMENTS/INFO (e.g., reasonable accommodation required, etc.): N/A**

**PLEASE RETURN THIS REQUEST FORM TO:** mcbbutlereeo@usmc.mil

**YOU WILL RECEIVE FEEDBACK WITHIN 2 WORKING DAYS**