

REQUEST FOR COUNSELING UNDER EEO/EDR PLAN

Submitted Under the Procedures of the Equal Employment Opportunity and Employment Dispute Resolution Plan for the District of Nebraska.

Prior to completing this form, please refer to the EEO/EDR Plan for your court unit. 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: _____
Court Unit in which employed: _____
Job Title: _____
5. Name and address of the office from which you seek resolution of your dispute.

6. Date(s) of alleged incident of decision giving rise to this dispute: _____
7. Please summarize the actions or occurrences giving rise to this dispute.

8. What corrective action do you seek in this matter?

This request for counseling is submitted by:

_____ Signature _____ Date

Name of counselor to whom submitted: _____

Counselor's signature: _____ Date of receipt: _____