

REQUEST FOR MEDIATION 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.

Please attach a copy of the REQUEST FOR COUNSELING FORM filed in connection with this matter.

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 counseling is submitted by:

Signature Date

Name of counselor to whom submitted: _____

Counselor's signature: _____ Date of receipt: _____