

# ALTERNATIVE DISPUTE RESOLUTION PROGRAM



Colorado Federal Executive Board  
PO Box 25567  
Denver CO 80225  
303 202 4588

## AGENCY MEDIATION REQUEST

CFEB CASE NUMBER

AGENCY

ADDRESS

AGENCY POINT OF CONTACT

EMAIL

DATE

AGENCY CASE NUMBER

CITY / STATE / ZIP

PHONE

FAX

### DISPUTE TYPE

- |                                     |   |  |                                      |  |
|-------------------------------------|---|--|--------------------------------------|--|
| <input type="checkbox"/> EEO – Race | <input type="checkbox"/> EEO – Color      | <input type="checkbox"/> EEO – National Origin | <input type="checkbox"/> EEO – Sex   | <input type="checkbox"/> EEO – Religion  |
| <input type="checkbox"/> EEO – Age  | <input type="checkbox"/> EEO – Disability | <input type="checkbox"/> EEO – Reprisal        | <input type="checkbox"/> EEO – Other | <input type="checkbox"/> NON-EEO Related |

### DESCRIPTION

- |  |                                |                                     |                                    |                                     |
|--|--------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Harassment      | <input type="checkbox"/> Terms | <input type="checkbox"/> Conditions | <input type="checkbox"/> Promotion | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Other: Describe |                                |                                     |                                    |                                     |

Date(s) Requested For Mediation

Reasonable Accommodation Requested  YES  NO

Parties Signed Agreement to Mediate:  YES  NO

Results:  Mediation Resulted in a Settlement  Mediation did not Result in a Settlement

Requested Remedy:

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## PARTY INFORMATION *(If more than 2 disputants, attach additional information to this form)*

PARTY #1 NAME

PHONE

EMAIL

AGENCY

AGENCY ADDRESS

CITY / STATE / ZIP

RELATIONSHIP TO PARTY #2

NAME OF REPRESENTATIVE *(If applicable)*

REP PHONE

REP ADDRESS & CITY / STATE / ZIP

REP EMAIL

PARTY #2 NAME

PHONE

EMAIL

AGENCY

AGENCY ADDRESS

CITY / STATE / ZIP

RELATIONSHIP TO PARTY #1

NAME OF REPRESENTATIVE *(If applicable)*

REP PHONE

REP ADDRESS & CITY / STATE / ZIP

REP EMAIL

AGENCY POC SIGNATURE (Digital Signature Required)

DATE

### INSTRUCTIONS

- 1) Complete and digitally sign this fillable .pdf form on your computer
- 2) Save As AGENCY MEDIATION REQUEST – AGENCY NAME
- 3) Email to Gay Page | [gpage@colorado.feb.gov](mailto:gpage@colorado.feb.gov)