

**DALLAS-FORT WORTH FEDERAL EXECUTIVE BOARD
ADR INTERAGENCY CONSORTIUM
Intake Form**

<i>For Consortium Use Only:</i>
Date Received _____
Case Number _____

Mediation Contact (MC): _____ Phone _____ Fax _____

Agency: _____ **Address:** _____

Type of Dispute (Check one or more)

- | | |
|--|--|
| <input type="checkbox"/> EEO (1 formal complaints) | <input type="checkbox"/> Interpersonal conflicts |
| <input type="checkbox"/> Grievance (non-union) | <input type="checkbox"/> Other personnel-related issue |
| <input type="checkbox"/> Grievance (union) | <input type="checkbox"/> Unfair Labor Practice |
| <input type="checkbox"/> Merit Promotion/Placement | <input type="checkbox"/> Agency's external customer |
| <input type="checkbox"/> Performance Evaluation | <input type="checkbox"/> Other _____ (specify) |

Issues (brief description)

Initiating Party (Person requesting mediation) **Representative**

Name _____ Name _____

Office Address _____ Address _____

Phone _____ Fax _____ Phone _____ Fax _____

Available for mediation: Morning: M T W Th F Afternoon: M T W Th F

Responding Party (Person on the other side) **Attorney** (if any)

Name _____ Name _____

Office Address _____ Address _____

Phone _____ Fax _____ Phone _____ Fax _____

Available for mediation: Morning: M T W Th F Afternoon: M T W Th F

Location of the Mediation: _____

Activity Record (Consortium Use Only)

Date	Contact	Description of Call

Mediators assigned:

Name of mediator	Agency

Available for mediation: Morning: M T W Th F Afternoon: M T W Th F

Date scheduled for mediation: _____

Confirmed location of mediation: _____

Participation of the parties in this mediation is voluntary (i.e. not an agency program requirement). yes no

Other:

Mediation Coordinator: _____