

**U.S. Department of Transportation  
Equal Employment Opportunity/Equal Opportunity  
Alternative Dispute Resolution**

**REQUEST FOR MEDIATION**

**I request that my complaint be considered for mediation. I understand that the agency is not offering mediation, and that I may not elect mediation until such an offer is made. I further understand that the agency will consider my request, and make an assessment of the complaint's appropriateness for mediation. If the agency offers mediation, at that time, I will have five calendar days to make an election to participate in the mediation process. If however, I choose not to elect mediation, I may continue processing my EEO/EO Complaint in accordance with 29 CFR, Part 1614. and/or U.S. Coast Guard Manual, Commandant Instruction M5350.4**

\_\_\_\_\_  
**Aggrieved/Complainant**

\_\_\_\_\_  
**Date**

**This request will be forwarded to the Operating Administration's EEO/EO Designated Official or the Departmental Mediation Coordinator (DMC).**