

**U.S. Department of Transportation
Departmental Office of Civil Rights**

**ONE DOT Sharing Neutrals Program
Mediation Intake Form**

FAX TO: (202) 366-7717

Date of Request: _____

Requesting Operating Administration: _____

Name of Agency POC: _____ Telephone Number:

The following individual(s) request a mediation session in an attempt to resolve a dispute.

Name of Aggrieved: _____ Position Title & Grade:

Address: _____ Telephone: W-_____ H-

Location of Employment: _____

Best Time to Contact Requesting Party: _____

Complaint is Informal _____ or Formal _____

Date EEO Counselor Contacted: _____ Date Formal Complaint Filed:

*Does the Party have other EEO/EO Complaints filed at the informal or formal stage of the EEO/EO Complaints process. Yes _____ No _____

Name of Responding Party: _____ Position Title & Grade:

Address: _____ Telephone: W-_____ H-

Best Time to Contact Responding Party: _____

Basis: _____

Issue: _____

(please use additional sheets, as necessary)

Nature of Dispute:

Date Contacted: Aggrieved Respondent _____ Confirmed Date:

Date Contacted: Mediator Date Assigned Telephone # ()

Date Mediation Scheduled: Time: _____ Location:

Reasonable Accommodations: _____ No _____ Yes (Describe)