

MEDIATION OPTION FORM
(Management Official Only)

Please use this form to indicate whether you are willing to participate in mediation. If you agree to participate, the ADR Program Manager will contact you to schedule the mediation. At that time, you will be given information about preparing for the mediation. In order to save time, please list below the days and times during the next three (3) weeks when you are available for at least 4 hours.

I, _____, (*Please Print*)

AGREE

DO NOT AGREE *

to participate in mediation regarding the EEO/EO complaint of _____ . I understand that the decision to participate in mediation is voluntary and that the process is confidential.

Signature

Date

Title

Agency (OA)

Phone Number

Fax Number

I am available for mediation at the following dates and times in the next 3 weeks.

* If you have elected NOT to participate in mediation, please indicate the reason(s) why:

- a. The dispute involves significant legal or policy issues possibly requiring legal precedent.
- b. The dispute significantly affects non-parties and there is a need for uniform treatment (e.g., the issue may have a wide impact, or similar suits are pending and there is no legitimate reason to settle with only one party.)
- c. The case is likely to settle through unassisted negotiations.
- d. There is an indication that either party engaged in fraud, waste, abuse, criminal conduct, or for USCG personnel, UCMJ violations.
- e. Inadequate knowledge of the mediation process.

- f. Role of mediator and qualifications.
- g. Concerns about confidentiality.
- h. Insufficient personnel/other resources to accommodate mediation process (specify).
- i. Other (specify)

Specify: _____