

REQUEST FOR ASSISTED RESOLUTION

USE OF ASSISTED RESOLUTION DOES NOT EXTEND THE 180-DAY DEADLINE TO FILE A FORMAL COMPLAINT UNLESS THE DEADLINE IS EXTENDED UNDER EDR PLAN § V.C.3.a

Submitted under the Procedures of the Fourth Circuit’s Employment Dispute Resolution Plan.

Full name of person submitting the form: _____

Your mailing address: _____

Your email address: _____

Your phone number(s): _____

Are you: a current employee a former employee an interviewed applicant?

Court and office in which you are employed or to which you applied:

Date of interview (*for interviewed applicants only*): _____

Name and address of Employing Office from which you seek assistance (if the matter involves a judge or chambers employee, the Employing Office is the Court):

Alleged Wrongful Conduct for which you seek Assisted Resolution (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Discrimination based on (<i>check all that apply</i>):: | <input type="checkbox"/> Harassment based on (<i>check all that apply</i>):: |
| <input type="checkbox"/> Race | <input type="checkbox"/> Race |
| <input type="checkbox"/> Color | <input type="checkbox"/> Color |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Religion |
| <input type="checkbox"/> National origin | <input type="checkbox"/> National origin |
| <input type="checkbox"/> Age | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Disability |

- Other based on (check all that apply):
 - Abusive Conduct
 - Retaliation
 - Whistleblower Protection
 - Family and Medical Leave
 - Uniform Services Employment and Reemployment Rights
 - Worker Adjustment and Retraining
 - Occupational Safety and Health
 - Polygraph Protection
 - Other (describe)

Date(s) of alleged incident(s) for which you seek a Assisted Resolution:

Summary of the actions or occurrences for which you seek a Assisted Resolution (*attach additional pages as needed*):

Names and contact information for, any witnesses to the actions or occurrences for which you seek Assisted Resolution:

Do you have a preference as to which EDR Coordinator you want to assist you in resolving this issue? (Names of EDR Coordinators are listed in Chapter V of this Plan and on the How to Address Wrongful Conduct in the Workplace poster in Appendix 6.) Yes No

Name of the EDR Coordinator with whom you prefer to assist you in resolving this issue:

Describe the assistance or corrective action you seek (*attach additional pages as needed*):

Do you have an attorney or other person who represents you? Yes No

If yes, please provide the attorney's name, mailing address, email address, and phone number(s):

I acknowledge that this Request will be kept confidential to the extent possible, but information may be shared to the extent necessary and with those whose involvement is necessary to resolve this matter, as explained in the EDR Plan (*see* EDR Plan § V.B.1).

Your signature _____

Date submitted _____

Agency Use Only

Request for Assisted Resolution reviewed by EDR Coordinator on _____

EDR Coordinator/Circuit Director of Workplace Relations name:

EDR Coordinator/Circuit Director of Workplace Relations signature:

Local Court Claim ID (Court Initials–AR–YY–Sequential Number): _____