

**REQUEST FOR COUNSELING
UNDER THE CONSOLIDATED
EQUAL EMPLOYMENT OPPORTUNITY
and
EMPLOYMENT DISPUTE RESOLUTION PLAN OF THE
UNITED STATES COURT OF APPEALS
FOR THE FOURTH CIRCUIT**

Prior to completing this form, please refer to the Consolidated Equal Employment Opportunity and Employment Dispute Resolution Plan ("Plan"). Please complete this form legibly. If there is insufficient space you may attach additional pages.

1. Name of Person Requesting Counseling: _____
2. Address: _____

3. Home Phone: _____ Work: _____
4. If you are a Court employee, state the following:
Court Unit in which employed: _____
Job Title: _____
5. Name and address of the Employing Office from which you seek resolution of your dispute: _____

6. Date(s) of incident or decision giving rise to dispute: _____
7. Please summarize the actions or occurrences giving rise to this dispute.

8. List below all claims you wish to raise in mediation. Any claims not advanced in mediation may not be pursued in a complaint filed under this Consolidated Plan.

8. What corrective action do you seek in this matter?

10. Are you willing to waive confidentiality in order to permit the counselor to contact the Employing Office or to attempt a resolution of the disputed matter?

Yes No

This request for counseling is submitted by:

Signature

Date

Recipient's Signature

Date of Receipt