



## San Francisco Bay Area Federal Executive Board



### Shared Neutrals Program

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## REQUEST FOR MEDIATION

To request an alternative dispute mediation or facilitated discussion by the FEB Shared Neutrals Program (SNP), please email this form to the FEB Office at [castaneda.gail.m@dol.gov](mailto:castaneda.gail.m@dol.gov)

1. San Francisco Bay Area Federal Executive Board (SFFEB) will:
  - a. accept requests from the designated agency contact;
  - b. review the request for appropriateness for the SNP Program;
  - c. schedule the date and time for the Mediation in consultation with the designated agency contact (excessive date changes may result in cancellation of the case);
  - d. assign a Mediator and up to two Co-Mediators (mediators in training) per mediation; and
  - e. use the SFFEB's Settlement Agreement form unless the Agency has one they prefer we use, if so, please send copy of your Settlement Agreement form along with this Request for Mediation.
  
2. The Agency will:
  - a. allow a reasonable amount of time for scheduling and may ask for expedited scheduling (SFFEB will do it's best to meet the request);
  - b. allow SFFEB to assign Co-Mediators to the session;
  - c. allow mediations to take place during work hours; and
  - d. pay reasonable travel expenses, if necessary, for a Mediator.

- more -



SNP Required Info for Mediation Request	Agency Designated Contact Fills Out				
Date					
Requesting Agency					
Agency Designated Contact					
Phone					
Email					
Provide Date(s) When All Parties are Available					
Mediation Location					
Name and title of person who has delegated authority to settle the mediation:					
Will above named be present?					
Stage of Dispute:	<table border="0"> <tr> <td data-bbox="609 1073 862 1104">Formal EEO complaint</td> <td data-bbox="1146 1073 1354 1104">Workplace Dispute</td> </tr> <tr> <td data-bbox="609 1142 919 1173">Informal/Pre-EEO complaint</td> <td data-bbox="1146 1142 1219 1173">Other:</td> </tr> </table>	Formal EEO complaint	Workplace Dispute	Informal/Pre-EEO complaint	Other:
Formal EEO complaint	Workplace Dispute				
Informal/Pre-EEO complaint	Other:				
Description of Dispute:					



Remedy Requested:	
Work Relationship Between Parties:	
Aggrieved Name:	
Sub-Agency or Division	
Position	
Phone	
Email	
Aggrieved Representative: (if applicable)	
Agency or Private Party	
Position	
Phone	
Email	
Respondent Name:	
Sub-Agency or Division	
Position Title	



Phone	
Email	
Respondent Representative:	
Agency or Private Party	
Title	
Phone	
Email	
Other Parties:	
Agency or Private Party	
Title	
Phone	
Email	
Agency or Private Party	

