

PARTICIPANT 3

Name:

Title:

Work Address:

Work Number:

Email:

PARTICIPANT 4

Name:

Title:

Work Address:

Work Number:

Email:

Briefly describe the issue(s) in the dispute:

Has an internal agency grievance been filed on the issue(s) in dispute?	Yes	No
If yes, has the internal agency grievance process been completed?	Yes	No
Has an appeal been filed with the Commission on the issue(s) in dispute?	Yes	No

FOR COMMISSION USE ONLY

I have reviewed this mediation request and I have determined this voluntary mediation is Approved Disapproved

Reason for Disapproval: _____

