

OKLAHOMA DEPARTMENT OF CORRECTIONS Request for Voluntary Mediation Services

REQUESTOR: Are you requesting mediation for others? or are you an active participant?

Name:

Work Address:

Work Phone Number:

Email:

PARTICIPANTS: [Participants are parties directly involved in the dispute].

PARTICIPANT 1

Name:

Work Address:

Work Phone Number:

Email:

PARTICIPANT 2

Name:

Work Address:

Work Phone Number:

Email:

PARTICIPANT 3

Name:

Work Address:

Work Phone Number:

Email:

PARTICIPANT 4

Name:

Work Address:

Work Phone Number:

Email:

ISSUES: Briefly describe the issue(s) in the dispute:

Has an internal agency grievance been filed on the issues in dispute? Yes No

If yes, what stage are you in the grievance process?

Has an appeal been filed with the Oklahoma Merit Protection Commission? Yes No

Requestor's Signature:

Date:

Instructions: Fax copy to (405) 425-2234; Attention: Patti Ormerod, Mediation Program Coordinator

Mail original Request to: Oklahoma Department of Corrections, P.O. Box 11400, Oklahoma City, OK. 73111; Attention: Patti Ormerod.