

**CENTERS FOR MEDICARE & MEDICAID SERVICES
ALTERNATIVE DISPUTE RESOLUTION REQUEST/REFERRAL
(INFORMAL STAGE)**

- 1. Date of Request/Referral:**

- 2. Name of Requester:**

- 3. Organization of Requester**

- 4. Telephone # of Requester:**

- 5. Occupation of Requester:**

- 6. Name and Telephone # of Representative (if applicable):**

- 7. Briefly summarize the dispute which you wish resolved and identify managers involved in this dispute. Please provide name, telephone number, and position, as appropriate. This information will be used to identify a manager to participate in the Alternative Dispute Resolution process.**

8. Briefly describe the relief or remedy that you seek to resolve this dispute.

I understand that Alternative Dispute Resolution (ADR) is a joint effort between the parties to facilitate an expedited resolution of disputes from and among employees.

I understand that the pre-complaint processing period shall be extended to 90 days for the purposes of resolving the complaint through the ADR process.

I understand that my right to continue with the administrative complaints process, will remain intact and available to me should an agreement not be reached using ADR.

I understand that I have the right to representation (attorney or other person of my choice) throughout this process. I understand that if I designate an attorney as my representative at the counseling/ADR stage, attorney fees may only be awarded during the formal processing of a complaint. Furthermore, if the designated representative is outside the geographical area of the requester, the Agency will not be responsible for paying the representative's travel costs, per diem or other expenses.

I understand that the Director, Office of Equal Opportunity and Civil Rights identifies the manager who will participate in the ADR process, and generally, looks to someone one level above the involved manager.

I understand that my election to mediate in lieu of traditional counseling is final, and I can not withdraw from ADR and proceed through traditional counseling.

Signature of ADR Requester

Date of Request

NOTE: Submit this form to the Office of Equal Opportunity and Civil Rights (OEOCR), North Building, Room N2-22-17 at the end of the initial interview with the EEO Counselor. If you have any additional questions regarding the process, please contact OEOCR's ADR Coordinator.