



Request for Mediation

Upon completion, please return this form to the Mediation Officer via e-mail
at DOHR.Mediation@tn.gov

If you have any questions, please call the Mediation Officer at (615) 741-0623.

Requesting Employee

Name: _____ Date: _____

Department/Agency/Division: _____

Work facility/Location: _____ E-mail: _____

Job classification: _____

Mailing address: _____

Work phone: _____ Alternate phone: _____

Name of representative (if any): _____

Special considerations or accommodations requested: _____

How were you referred to mediation?

☐ Self ☐ Supervisor ☐ Agency HR staff ☐ DOHR ☐ Co-worker

☐ TSEA ☐ Mediation brochure ☐ Other (please explain): _____



Who do you want to mediate with?

Name: _____

Department/Agency/Division: _____

Work facility/Location: _____ E-mail: _____

Job classification: _____

Work phone: _____ Alternate phone: _____

Additional Information

Have you filed a complaint or appeal related to this matter? If yes, please provide steps taken.

Please provide at least five (5) dates of availability for mediation which are at least two (2) weeks from the date of this request. Please note that mediation can take anywhere from an hour to all day.



Dispute and/or issue you wish to mediate about: