



## **Request for Mediation**

Upon completion, please return this form to the Mediation Officer via fax at (615) 532-0728, via e-mail at [DOHR.Mediation@tn.gov](mailto:DOHR.Mediation@tn.gov), or via mail to:

*Department of Human Resources*

*312 Rosa L. Parks Ave.*

*16th Floor, William R. Snodgrass Tennessee Tower*

*Nashville, TN 37243*

If you have any questions, please call the Mediation Officer at (615) 253-4741.

### **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: \_\_\_\_\_

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**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: