

CAREER SERVICE MEDIATION REQUEST FORM

[This request for mediation will not be shared without your permission]

Mediation is a voluntary and confidential process in which a professional mediator not employed by the City and County of Denver assists employees in conflict to reach a mutually acceptable resolution. Any employee, supervisor, manager, or appointing authority may submit a request for mediation as a way to resolve a work-related dispute with another employee, supervisor, or manager.

Person requesting mediation (Requester):

Name: _____ Job Title: _____

Agency or Division: _____

Your phone number or email for contact about this request: _____

Primary party in the dispute or conflict (Other Party):

Name: _____ Job Title: _____

Working relationship to the requester (e.g., co-worker, supervisor): _____

Their phone number and/or email: _____

Additional parties in the dispute or conflict that should be included in the mediation:

1. Name _____ Job Title: _____

Working relationship _____ Email or phone #: _____

2. Name _____ Job Title: _____

Working relationship _____ Email or phone #: _____

3. Name _____ Job Title: _____

Working relationship _____ Email or phone #: _____

Does the other party know you are requesting mediation? **YES / NO**

Does your Human Resources representative know you are requesting mediation? **YES / NO**

Do you consent to having Community Mediation Concepts inform your HR representative of the general nature of your mediation request so they can assist you? **YES / NO**

Please provide a summary of the conflict and what you'd like to resolve through mediation (attach extra pages if needed):

Signature of Requester

Date