



# Alamo Federal Executive Board



60<sup>th</sup>  
Anniversary

## Agency Mediation Request

_____	DATE
AGENCY	_____
_____	CASE NUMBER
ADDRESS	_____
_____	CITY / STATE / ZIP
AGENCY POINT OF CONTACT	_____
_____	PHONE
EMAIL	_____
	FAX

### DISPUTE TYPE

- |                                     |   |  |                                      |  |
|-------------------------------------|---|--|--------------------------------------|--|
| <input type="checkbox"/> EEO – Race | <input type="checkbox"/> EEO – Color      | <input type="checkbox"/> EEO – National Origin | <input type="checkbox"/> EEO – Sex   | <input type="checkbox"/> EEO – Religion  |
| <input type="checkbox"/> EEO – Age  | <input type="checkbox"/> EEO – Disability | <input type="checkbox"/> EEO – Reprisal        | <input type="checkbox"/> EEO – Other | <input type="checkbox"/> NON-EEO Related |

### DESCRIPTION

- |  |                                |                                     |                                    |                                     |
|--|--------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Harassment      | <input type="checkbox"/> Terms | <input type="checkbox"/> Conditions | <input type="checkbox"/> Promotion | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Other: Describe |                                |                                     |                                    |                                     |

\_\_\_\_\_ Date/Time Requested For Mediation - Virtual or in-person

Reasonable Accommodation Requested     YES     NO

Parties Signed Agreement to Mediate:     YES     NO

PARTY INFORMATION *(If more than 2 disputants, attach additional information to this form)*

_____ <b>PARTY #1 NAME</b>	_____ PHONE
_____ EMAIL	_____ AGENCY
_____ AGENCY ADDRESS	_____ CITY / STATE / ZIP
_____ RELATIONSHIP TO PARTY #2	
_____ NAME OF REPRESENTATIVE <i>(If applicable)</i>	_____ REP PHONE
_____ REP ADDRESS & CITY / STATE / ZIP	_____ REP EMAIL
_____ <b>PARTY #2 NAME</b>	_____ PHONE
_____ EMAIL	_____ AGENCY
_____ AGENCY ADDRESS	_____ CITY / STATE / ZIP
_____ RELATIONSHIP TO PARTY #1	
_____ NAME OF REPRESENTATIVE <i>(If applicable)</i>	_____ REP PHONE
_____ REP ADDRESS & CITY / STATE / ZIP	_____ REP EMAIL
	_____ PHONE
	_____ AGENCY
	_____ PHONE
	_____ AGENCY

\_\_\_\_\_  
AGENCY POC SIGNATURE

\_\_\_\_\_  
DATE

- 1) Complete and sign
- 2) Save as AGENCY MEDIATION REQUEST – YOUR NAME
- 3) Email to [afpc.afeb.workflow@us.af.mil](mailto:afpc.afeb.workflow@us.af.mil)