

**ATTACHMENT A
JEFFERSON COUNTY
EMPLOYEE MEDIATION REQUEST FORM**

Your Name: _____ Date: _____

Your Address: _____

Home phone: _____ Work phone: _____

Your job title: _____ Your department: _____

Timeframe of Situation/Disagreement: _____

Name the person(s) involved in this disagreement: _____

Your relationship with person(s): _____

Briefly describe the nature of your concern (continue on additional pages if necessary).

List any witnesses (witnesses must have first-hand knowledge of event involved in the disagreement).

1. _____ 2. _____ 3. _____

What do you want to happen to resolve this situation?

Did you try and resolve your situation with your immediate manager? Yes No

Did you try and resolve your situation with your Department Head/Elected Official? Yes No

Are you willing to have your disagreement mediated? Yes No

Do you plan on having a representative with you? Yes No

Your Signature: _____ Date: _____

Please forward this form to the Director of Human Resources at 1225 Pearl, Suite 201, Annex I, Beaumont, Texas 77701. The Director of Human Resources will inform your Department Head/Elected Official and schedule the mediation if this disagreement is not resolved by him/her.

Note: You do not have to fear retaliation for requesting mediation.