SAMPLE

Department of Veterans Affairs

REQUEST FOR MEDIATION IN NON-EEO CASES

(Central Office Employees Only)

1A. NAME OF INDIVIDUAL REQUESTING MEDIATION John Wilson	1B. DATE REQUESTED 01/08/2008
1C. NAME OF VA FACILITY AND OFFICE VA Medical Center Any Town, USA	1D. WORK PHONE NUMBER (000) 000-0000
	1E. FAX NUMBER (000) 000-0000
	1F. E-MAIL ADDRESS john.wilson@government.gov

2A. NAME OF REPRESENTATIVE *(If applicable)*	2B. PHONE NUMBER	2C. FAX NUMBER	2D. E-MAIL ADDRESS
Joseph Johnson		(000) 000-0000	joejohnson@rep.com

3A. IS REQUESTOR A MEMBER OF THE BARGAINING UNIT ☒ NO ☐ YES *(If "YES," complete item 3B)*	3B. NAME OF LOCAL BARGAINING UNIT

NOTE: In some instances where a party is a member of the bargaining unit, the union may be notified of and invited to participate in the mediation session.

4. NAME AND TITLE OF OTHER PARTY(IES) INVOLVED IN THE DISPUTE

4A. NAME OF OTHER PARTY William Smith	4B. TITLE OF OTHER PARTY Section Chief
4C. NAME OF OTHER PARTY	4D. TITLE OF OTHER PARTY

5A. HAVE YOU COMMUNICATED WITH THE OTHER PARTY(IES) ABOUT YOUR REQUEST FOR MEDIATION

☐ NO ☒ YES *(If "YES," complete item 5B)*

5B. PROVIDE ANY FEEDBACK RECEIVED FROM OTHER PARTY(IES)

Other party is willing to mediate

6. BRIEFLY DESCRIBE THE ISSUE(S) FOR MEDIATION

Disagree with performance evaluation

7. HAVE YOU INITIATED AN EEO COMPLAINT REGARDING THE MATTER DESCRIBED ABOVE?	8. HAVE YOU INITIATED A GRIEVANCE REGARDING THE MATTER DESCRIBED ABOVE?	9A. HAVE YOU INITIATED ANY OTHER PROCESS REGARDING THE MATTER DESCRIBED ABOVE?
☒ NO ☐ YES	☒ NO ☐ YES	☒ NO ☐ YES *(If "YES," complete item 9B)*

9B. EXPLAIN OTHER PROCESSES INITIATED REGARDING THE MATTER DESCRIBED ABOVE

NOTE: If you are attempting mediation in lieu of or prior to initiating any other process, please be advised that the time frames for initiating a complaint or grievance continue to run while you are involved in mediation.

10. MEDIATOR(S) REQUESTED *(Choose one)* ☒ VA MEDIATOR(S) ☐ NON-VA MEDIATOR(S)	*NOTE: A list of the VA Certified Mediators in the Washington, DC area is located on the ADR website:* http://www1.va.gov/adr/docs/VACertifiedMediator.pdf *VA mediators are assigned based on availability.*

SUBMISSION: Submit via fax your request for mediation to the VACO ADR Coordinator at 202-501-2885. Once received, the VACO ADR Program will review the request to make sure the matter is eligible for mediation and take the appropriate steps to determine if the other party is willing to participate in the process. If the parties consent to mediation, the VACO ADR Coordinator will obtain mediators and coordinate scheduling.

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NOTICE OF REFUSAL TO MEDIATE FOR CENTRAL OFFICE

NOTE: This form must be completed by the management official refusing to mediate and approved by the Assistant Secretary/Director for the relevant staff office or organization and submitted to the VACO Workplace Alternative Dispute Resolution Program via fax at 202-501-2885. e-mail WorkplaceADR@va.gov or in-person at 1575 I Street, 10th Floor, N.W., Washington, DC 20005.

1. NAME OF MANAGEMENT OFFICAL DECLINING TO ENTER INTO MEDIATION	2. TYPE OF MEDIATION
George Jefferson	☐ WORKPLACE DISPUTE ☒ EEO COMPLAINT
3A. NAME OF AGGRIEVED/COMPLAINANT/EMPLOYEE	3B. NAME OF DEPARTMENT AND OFFICE *(Including routing symbol)*
Florence Johnston	VA Medical Center Housekeeping

4. PROVIDE AN EXPLANATION FOR REFUSAL TO MEDIATE

Issues pertain to final retirement annuity calculations by the Office of Personnel Management for which the agency has no jurisdiction.

SIGNATURE OF MANAGEMENT OFFICIAL DECLINING TO MEDIATE	DATE
APPROVED BY: SIGNATURE OF ASSISTANT SECRETARY/DIRECTOR STAFF OFFICE/ORGANIZATION	DATE
RECEIVED BY: SIGNATURE OF VACO WORKPLACE ADR PROGRAM OFFICIAL	DATE

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MEDIATION PROCESS ASSESSMENT - PARTICIPANT/REPRESENTATIVE

CASE NUMBER	CHECK APPROPRIATE BOX WHICH BEST IDENTIFIES YOUR ROLE IN THE PROCESS	DURING THE PAST YEAR, DID YOU PARTICIPATE IN ADR AWARENESS TRAINING?
2008-0000	☒ REQUESTED MEDIATION ☐ AGREED TO MEDIATE ☐ REPRESENTED ONE OF THE PARTIES	☒ YES ☐ NO

MEDIATION OVERVIEW

SCALE

5 - Strongly Agree 4 - Agree 3 - Neutral 2 - Disagree 1 - Strongly Disagree

ITEM	QUESTION	5	4	3	2	1
1	I received sufficient information to understand the process prior to the session.	☐	☒	☐	☐	☐
2	The right parties were at the table.	☐	☒	☐	☐	☐
3	The mediation environment *(location, room temperature, seating)* was comfortable.	☒	☐	☐	☐	☐
4	I am satisfied with the timing of the mediation *(the time it took to get arranged and initiated, and how long to complete the mediation)*.	☐	☒	☐	☐	☐
5	The mediator explained the mediation process before we started.	☐	☒	☐	☐	☐
6	The mediator explained any conflicts or potential conflicts of interest.	☐	☒	☐	☐	☐
7	The mediator was professional.	☒	☐	☐	☐	☐
8	The mediator did not show favor to either side.	☒	☐	☐	☐	☐
9	The mediator honored any requests I made for confidentiality during mediation.	☐	☒	☐	☐	☐
10	The mediator avoided offering a legal opinion in this case.	☐	☒	☐	☐	☐
11	The mediator allowed me to bring out all the relevant issues.	☐	☒	☐	☐	☐
12	The mediator helped us to generate realistic options.	☒	☐	☐	☐	☐
13	The mediator helped the parties work through issues and move toward closure.	☒	☐	☐	☐	☐
14	I would recommend this mediator to others for mediation.	☒	☐	☐	☐	☐
15	The outcome was the best for my situation *(even if no resolution is reached)*.	☒	☐	☐	☐	☐
16	I would recommend mediation to others.	☒	☐	☐	☐	☐
17	Overall, I am satisfied with the mediation process.	☒	☐	☐	☐	☐
18	Mediation helped me to be better aware of the other party's concerns.	☒	☐	☐	☐	☐
19	Mediation helped the other party to be better aware of my concerns.	☒	☐	☐	☐	☐
20	This mediation will improve working relationships in my workplace.	☒	☐	☐	☐	☐

COMMENTS

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MEDIATION PROCESS ASSESSMENT - MEDIATOR/NEUTRAL

CASE NUMBER	CHECK APPROPRIATE BOX WHICH BEST IDENTIFIES YOUR ROLE IN THE PROCESS
2008-0000	[X] VA CERTIFIED MEDIATOR [ ] VA NON-CERTIFIED MEDIATOR [ ] OTHER *(Explain)*

MEDIATION OVERVIEW AND ASSESSMENT OF THE PROCESS

ITEM	QUESTION	YES	NO
1	I explained the mediation process and roles to both parties.	[X]	[ ]
2	I was adequately notified of the logistics *(directions, equipment, parties, issues)*.	[X]	[ ]
3	The mediation environment *(room temperature, seating, etc.)* was comfortable.	[X]	[ ]
4	The Agreement to Mediate form was available for the mediation session.	[X]	[ ]
5	The settlement agreement language *(with age addendum, if applicable)* was available.	[X]	[ ]
6	Potential subject matter experts were standing by during the mediation.	[X]	[ ]
7	Respondent had appropriate authority or access to someone with higher authority.	[X]	[ ]
	QUESTIONS 8 through 11 ONLY APPLY TO CO/MENTEE MEDIATORS		
8	The Lead/Mentor Mediator contacted me prior to the day of the mediation session.	[X]	[ ]
9	The Lead/Mentor Mediator spent time with me to discuss the mediation plan.	[X]	[ ]
10	The Lead/Mentor Mediator provided follow up feedback after the mediation session.	[X]	[ ]
11	I learned more about mediation from working with the Lead/Mentor Mediator.	[X]	[ ]

DATE OF FIRST MEDIATION SESSION	TOTAL NUMBER OF HOURS MEDIATION SESSION LASTED	DATE MEDIATION PROCESS CONCLUDED	WAS RESOLUTION REACHED	NON-MONETARY TERMS *(Describe)*
01/08/08	4	01/08/08	[X] YES [ ] NO	

LUMP SUM	BACKPAY	ATTORNEY'S FEES	COMPENSATORY DAMAGES	AWARD	ANNUAL LEAVE *(Hours)*	SICK LEAVE *(Hours)*
$	$	$	$	$		

OTHER *(Describe)*

COMMENTS

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CO-MEDIATOR EVALUATION

INSTRUCTIONS: To assess the skills and abilities of VACO co-mediators, the lead mediator is requested to complete this form and share appropriate feedback with the co-mediator at the conclusion of the mediation session. Please return this form to the VACO Alternative Dispute Resolution (ADR) Coordinator at 1575 I Street, NW, 10th Floor, Washington, DC 20005 or by fax at (202) 501-2885.

1. NAME OF LEAD MEDIATOR	2. NAME OF CO-MEDIATOR	3. DATE OF MEDIATION
Mary Smith	Jane Jones	01/08/2008
4A. DID THE LEAD AND CO-MEDIATOR SPEND TIME PREPARING IN ADVANCE OF THE MEDIATION SESSION? ☐ NO ☒ YES *(If "YES," complete item 4B.)*	4B. APPROXIMATELY HOW MUCH TIME WAS SPENT IN ADVANCED PREPARATION? 2 hours	5. HOW LONG DID THE MEDIATION SESSION LAST? 4 hours

6. WHICH CO-MEDIATION CASE IS THIS FOR THE MENTEE?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7

INSTRUCTION: For each category below, please rate the Co-Mediator's level of skill and provide comments.

A. RATING	B. CATEGORY TASKS	C. COMMENTS
7. INTRODUCTION		
☐ 1 - NEEDS IMPROVEMENT ☒ 2 - SATISFACTORY ☐ 3 - EXCELLENT	Provided welcome and opening comments. Explained mediation process. Explained confidentiality. Clarified role of participants. Established ground rules. Appeared sensitive to parties physical and emotional comfort.	
8. INFORMATION SHARING		
☐ 1 - NEEDS IMPROVEMENT ☒ 2 - SATISFACTORY ☐ 3 - EXCELLENT	Engaged the parties. Understood the issues. Accurately and briefly summarized information. Balanced time and focus between parties.	
9. ISSUE CLARIFICATION		
☐ 1 - NEEDS IMPROVEMENT ☒ 2 - SATISFACTORY ☐ 3 - EXCELLENT	Asked appropriate questions. Reframed statements and issues. Identified interests. Identified common ground.	
10. GENERATION OF OPTIONS		
☐ 1 - NEEDS IMPROVEMENT ☐ 2 - SATISFACTORY ☒ 3 - EXCELLENT	Organized and prioritized issues. Focused on present and future needs instead of positions. Elicited options and explored possibilities. Overcame impasse, resistance, or difficult agendas. Demonstrated appropriate use of caucus.	
11. CLOSURE		
☐ 1 - NEEDS IMPROVEMENT ☐ 2 - SATISFACTORY ☒ 3 - EXCELLENT	Facilitated negotiations. Assisted parties with reality testing. Assisted parties in developing a fair and balanced agreement. Drafted clear and detailed agreement. Discussed options for non-compliance and resolving future conflict.	

12. PERSONAL AND PROFESSIONAL QUALITIES		
A. RATING	**B. CATEGORY TASKS**	**C. COMMENTS**
☐ 1 - NEEDS IMPROVEMENT ☐ 2 - SATISFACTORY ☒ 3 - EXCELLENT	Developed rapport with the parties, created positive environment. Confident and effective in managing communication and emotion. Maintained neutrality and avoided giving advice. Respected differences of opinion. Provided appropriate information.	
13. COMMUNICATION SKILLS		
☐ 1 - NEEDS IMPROVEMENT ☐ 2 - SATISFACTORY ☒ 3 - EXCELLENT	Demonstrated appropriate gestures and eye contact. Demonstrated appropriate use of voice, tone, volume, and clarity. Demonstrated appropriate verbal content and timing. Demonstrated good listening skills. Displayed flexibility and used creative strategies.	

14A. HAVE YOU CO-MEDIATED WITH THE MENTEE BEFORE?

☐ NO ☒ YES *(If "YES," complete item 14B.)*

14B. WHAT IMPROVEMENTS HAVE YOU NOTED?

Communication skills and level of confidence improved with practice.

15. WHAT ADDITIONAL TRAINING/DEVELOPMENT, IF ANY, WOULD YOU RECOMMEND FOR THE MENTEE?

Refresher mediation training annually.