REQUEST FOR ASSISTED RESOLUTION
APPENDIX 2

USE OF ASSISTED RESOLUTION DOES NOT EXTEND THE 180-DAY DEADLINE TO FILE A FORMAL COMPLAINT UNLESS THE DEADLINE IS EXTENDED UNDER EDR PLAN § IV.C.3.a

Submitted under the Procedures of the Eleventh Circuit Court of Appeals Employment Dispute Resolution Plan

1. Court, Federal Public Defender's Office, or Bankruptcy Administrator's Office in which you work or with which you interviewed:

   _____

2. Your name: _____

3. Name of your Employing Office and your position (e.g., Clerk's Office, Docketing Clerk). If an applicant for employment, so indicate and indicate the date of your interview).

   _____

4. Address of the above Employing Office:

   _____

5. Date(s) of alleged incident(s) for which you seek Assisted Resolution:

   _____

6. Explanation of Claim(s): Set out in a brief, several-sentence long narrative below the actions that you allege to have constituted wrongful conduct and for which you seek relief. Please attach additional pages for a more detailed description, but this section must contain a brief narrative.

   _____

7. Identify, and provide contact information for, any persons who were involved in this matter, who were witnesses to the actions or occurrences, or who can provide relevant information concerning the Complaint (*attach additional pages as needed*):

_____

8. Briefly describe the remedy or corrective action you seek. You may attach additional pages for a more detailed description, but this section must contain a brief summary.

_____

9. Name(s) of the individual(s) you allege to have engaged in wrongful conduct, as set out in the EDR Plan:

_____

Alleged Wrongful Conduct for which you seek Assisted Resolution (*check all that apply*):

☐ Discrimination based on (*check all that apply*):
- ☐ Race
- ☐ Color
- ☐ Sex
- ☐ Gender
- ☐ Gender identity
- ☐ Pregnancy
- ☐ Sexual orientation
- ☐ Religion
- ☐ National origin
- ☐ Age
- ☐ Disability

☐ Harassment based on (*check all that apply*):
- ☐ Race
- ☐ Color
- ☐ Sex
- ☐ Gender
- ☐ Gender identity
- ☐ Pregnancy
- ☐ Sexual orientation
- ☐ Religion
- ☐ National origin
- ☐ Age
- ☐ Disability

- ☐ Abusive Conduct
- ☐ Retaliation
- ☐ Whistleblower Protection
- ☐ Family and Medical Leave
- ☐ Uniform Services Employment and Reemployment Rights
- ☐ Worker Adjustment and Retraining
- ☐ Occupational Safety and Health
- ☐ Polygraph Protection
- ☐ Other (describe)

Do you have an attorney or other person who represents you?

☐ Yes

Please provide name, mailing address, email address, and phone number(s):

_____

☐ No

I acknowledge that this Request will be kept confidential to the extent possible, but information may be shared to the extent necessary and with those whose involvement is necessary to resolve this matter, as explained in the EDR Plan (*see* EDR Plan § IV.B.1).

I affirm that the information provided in this form is true and correct to the best of my knowledge:

Your signature _____

Date submitted _____

Request for Assisted Resolution reviewed by EDR Coordinator on: _____

EDR Coordinator name _____

EDR Coordinator signature _____

Local Court Claim ID (**Court Initials–AR–YY–Sequential Number**):

_____