



Federal Executive Board of Minnesota - Shared Neutrals Program
REQUEST FOR MEDIATION SERVICES

AGENCY REQUESTING SERVICES	AGENCY COORDINATOR	COORDINATOR CONTACT INFO
LOCATION: Provide physical location or state "virtual" for a web-based mediation)		
PREFERRED DATES FOR MEDIATION: (Must be 2 weeks out from date requested. Please confirm all parties are available.)		
TYPE OF MEDIATION REQUESTED:	NUMBER PARTICIPANTS INVOLVED:	UNION / LEGAL REPRESENTATION WILL BE PRESENT:
ISSUE FOR MEDIATION/FACILITATION: Please describe the issues you are requesting to be mediated, or describe the nature of your workplace facilitation. Attach additional sheets if needed.		
PARTICIPANTS - NAME AND CONTACT INFORMATION: Include email and phone number. Attach additional sheets if needed.		
PARTICIPANT A	PARTICIPANT B	PARTICIPANT C
PARTICIPANT A REPRESENTATIVE	PARTICIPANT B REPRESENTATIVE	PARTICIPANT C REPRESENTATIVE
SIGNATURE OF PARTY REQUESTING SERVICE		DATE SIGNED

Privacy Act Statement: The collection of this information is authorized by 5 U.S.C. 574. This information will be used to assign a mediator to your case. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA or FLRA; where pertinent in a legal proceeding to which the government is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the government; to an expert or consultant under contract with the government to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed under 29 C.F.R. 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices. The completion of this form is voluntary; however, if this information is not provided, you may not have your case mediated by a Shared Neutrals panel mediator.

Please submit this form by email or fax.

Email: mn_feb@ios.doi.gov

Fax: (612) 725-1750

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