

**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 THE EDR POLICY § IV.C.3.a.\***

Submitted under the Procedures of the Ninth Circuit Federal Public Defender  
Organization Employment Dispute Resolution Policy

District: \_\_\_\_\_

Full name of person submitting the form: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your phone number(s): \_\_\_\_\_

Office in which you are employed or applied to: \_\_\_\_\_

Name and address of FPDO from which you seek assistance:

Your job title/job title applied for: \_\_\_\_\_

Date of interview (*for interviewed applicants only*): \_\_\_\_\_

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

Summary of the actions or occurrences for which you seek Assisted Resolution (*attach additional pages as needed*):

Names and contact information of witnesses to the actions or occurrences for which you seek Assisted Resolution:

Describe the assistance or corrective action you seek:

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
- Gender expression
- Marital status
- Pregnancy
- Parenthood
- Sexual orientation
- Religion
- Creed
- Ancestry
- National origin
- Citizenship
- Genetic information
- Age
- Disability
- Service in the uniformed forces

Harassment based on (*check all that apply*):

- Race
- Color
- Sex
- Gender
- Gender identity
- Gender expression
- Marital status
- Pregnancy
- Parenthood
- Sexual orientation
- Religion
- Creed
- Ancestry
- National origin
- Citizenship
- Genetic information
- Age
- Disability
- Service in the uniformed forces

- 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 Policy (*see* EDR Policy § IV.B.1).

Your signature \_\_\_\_\_

Date submitted \_\_\_\_\_

Request for Assisted Resolution reviewed by EDR Coordinator/Director of Workplace Relations on \_\_\_\_\_

EDR Coordinator/Director of Workplace Relations name \_\_\_\_\_

EDR Coordinator/Director of Workplace Relations signature \_\_\_\_\_

