

**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
Federal Public Defender Office– Western District of North Carolina Employment Dispute
Resolution Plan

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 any 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
- 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 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).

Your signature _____ Date submitted _____

Request for Assisted Resolution reviewed by EDR Coordinator/Circuit Director of Workplace Relations on _____

EDR Coordinator/Circuit Director of Workplace Relations name _____
EDR Coordinator/Circuit Director of Workplace Relations signature _____

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