

**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.B.3.a\***

*Submitted under the Procedures of the United States District Court for the Southern District of West Virginia  
Employment Dispute Resolution Plan*

Court: **United States District Court for the Southern District of West Virginia** \_\_\_\_\_

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

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

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

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

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

Name and address of Employing Office from which you seek assistance (*if the matter involves a judge or chambers employee, the Employing Office is the Court*):  
\_\_\_\_\_

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):**

- |  |  |
|--|--|
| <input type="checkbox"/> Discrimination based on (check all that apply): | <input type="checkbox"/> Harassment based on (check all that apply): |
| <input type="checkbox"/> Race  | <input type="checkbox"/> Race  |
| <input type="checkbox"/> Color   | <input type="checkbox"/> Color                                       |
| <input type="checkbox"/> Sex   | <input type="checkbox"/> Sex   |
| <input type="checkbox"/> Gender  | <input type="checkbox"/> Gender                                      |
| <input type="checkbox"/> Gender identity                                 | <input type="checkbox"/> Gender identity                             |
| <input type="checkbox"/> Pregnancy                                       | <input type="checkbox"/> Pregnancy                                   |
| <input type="checkbox"/> Sexual orientation                              | <input type="checkbox"/> Sexual orientation                          |
| <input type="checkbox"/> Religion  | <input type="checkbox"/> Religion                                    |
| <input type="checkbox"/> National origin                                 | <input type="checkbox"/> National origin                             |
| <input type="checkbox"/> Age   | <input type="checkbox"/> Age   |
| <input type="checkbox"/> Disability                                      | <input type="checkbox"/> Disability                                  |
- 
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Abusive Conduct          | <input type="checkbox"/> Uniform Services      | <input type="checkbox"/> Occupational Safety  |
| <input type="checkbox"/> Retaliation              | Employment and                                 | and Health                                    |
| <input type="checkbox"/> Whistleblower Protection | Reemployment Rights                            | <input type="checkbox"/> Polygraph Protection |
| <input type="checkbox"/> Family and Medical Leave | <input type="checkbox"/> Worker Adjustment and | <input type="checkbox"/> Other (describe)     |
|   | Retraining                                     |   |

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.A.1).

Your signature \_\_\_\_\_ Date submitted \_\_\_\_\_

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*For Official Use Only:*

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Date **Request for Assisted Resolution** reviewed by EDR Coordinator/Circuit Director of Workplace Relations

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Printed Name EDR Coordinator/Circuit Director of Workplace Relations

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Signature EDR Coordinator/Circuit Director of Workplace Relations

Local Court Claim ID (Court Initials-AR-YY-Sequential Number): \_\_\_\_\_