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 Employment Dispute Resolution Policy

Court: _____

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 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 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 _____

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