

**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 U.S. District Court & U.S. Probation & Pretrial  
Services Office for the Western District of Michigan's  
Employment Dispute Resolution Plan

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 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 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 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): \_\_\_\_\_