

## OKLAHOMA DEPARTMENT OF CORRECTIONS Request for Voluntary Mediation Services

**REQUESTOR:** Are you requesting mediation for others?  or are you an active participant?

Name:

Work  
Address:

Work Phone Number:

Email:

**PARTICIPANTS:** [Participants are parties directly involved in the dispute].

### PARTICIPANT 1

Name:

Work  
Address:

Work Phone Number:

Email:

### PARTICIPANT 2

Name:

Work  
Address:

Work Phone Number:

Email:

**PARTICIPANT 3**

Name:

Work Address:

Work Phone Number:

Email:

**PARTICIPANT 4**

Name:

Work Address:

Work Phone Number:

Email:

**ISSUES:** Briefly describe the issue(s) in the dispute:

Has an internal agency conflict been filed on the issues in dispute?  Yes  No

If yes, what stage are you in the conflict resolution process?

Requestor's Signature:

Date:

**Instructions:** Fax copy to (405) 425-2886; Attention: Funmi Togun, Mediation Program Coordinator  
Requests for mediation services as an alternative to the conflict resolution process will be referred to Justin Giudice, Conflict Resolution Manager.

Mail original Request to: Oklahoma Department of Corrections, P.O. Box 11400, Oklahoma City, OK. 73111; Attention: Funmi Togun and Justin Giudice.