



State Employee Dispute Resolution Program Civil Service Division Request for Voluntary Mediation

Instructions: Use this form to request mediation for a dispute, which may or may not include yourself. This form must be completed in accordance with the rules set for **nondisciplinary voluntary mediation**. However, if the issue is related to Disciplinary Action With Complaint Rights, please use the [online filing system](#) found on the Civil Service Division website to submit your complaint.

The primary goal of the nondisciplinary voluntary (NDV) mediation program is to address workplace communication breakdowns. This includes situations involving employee-to-employee, employee-to-supervisor and supervisor-to-supervisor interactions where communications or working relationships have become strained.

Mediation is a collaborative process that allows participants to clarify concerns, better understand different perspectives and identify practical steps for moving forward. CSD mediators are trained to assist parties in having constructive and confidential conversations and in exploring independent, mutually acceptable solutions.

The NDV mediation program is not:

- Intended to serve as a substitute for formal management actions or human resources processes.
- A stopgap for issues that are disciplinary in nature.
- A program to address matters involving allegations of harassment, discrimination, retaliation or conduct that requires formal investigation or formal review.

The above must be handled through the appropriate supervisory or HR channels to ensure compliance with specific agency policies, processes and federal laws. CSD will decline to handle any matter that exceeds the scope of the NDV mediation program.

The NDV mediation program is most effective when the underlying issues are relational or communication-based and all parties are willing to participate in good faith.

NDV mediation program requirements for the HR director or designee:

1. **Must initiate** the request to CSD.
2. **Must appear** at the mediation with the employees at issue.
3. **Must provide** CSD with a copy of the agency employee handbook, policy or rulebook that cites or is related to the primary conflict at least five business days prior to the scheduled mediation.
4. **Must provide** CSD with a mediation statement that outlines the primary issues that will be discussed.
5. **Must complete and email this form** to civilservicedivision@omes.ok.gov.

CSD retains the right to deny the requested mediation if the requirements above are not met in full or the issues to be discussed are outside the scope of NDV mediations or outside the scope of services provided by the Civil Service Division.

Request for Voluntary Mediation form

Mediation type: Are you located more than 100 miles from the Oklahoma State Capitol Complex and would like to request virtual mediation via Microsoft Teams? Yes No

Requester: Are you requesting mediation for others? Yes No

Will you be an active participant? Yes No

Name	
Title	
Work address	
Work number	
Email	

Participants: The participants should be directly involved in the dispute and have the **authority to commit** to decisions and resolutions made at the mediation session. **Witnesses shall not appear or give testimony.**

Name	
Title	
Work address	
Work phone	
Email	

Name	
Title	
Work address	
Work phone	
Email	

Name	
Title	
Work address	
Work phone	
Email	

Name	
Title	
Work address	
Work phone	
Email	

Name	
Title	
Work address	
Work phone	
Email	

Briefly describe the issues of the dispute in the text box below. Be specific about what issues will need to be addressed in the mediation.

Scheduling: The requester is responsible for confirming three available dates that all participants are available for mediation. The start time for all nondisciplinary mediation is at 10 a.m., Monday through Friday, and must be at least 15 business days from the date this document is submitted to the State Employee Dispute Resolution Program.

Please list participants' available dates for mediation (**10 a.m. ONLY**).

Date preference 1
Date preference 2
Date preference 3

Consent: Has the requester contacted the participants and confirmed that they consent to participate in good faith at this mediation session? Yes No

Please ensure all fields are complete before submitting this request. Thank you for utilizing the State Employee Dispute Resolution Program. We look forward to the opportunity to resolve your conflict.