



ENTERPRISE MEDIATION REQUEST

Instructions: To request a mediation, complete this form and send it to the Division of Personnel Management, Bureau of Equity and Inclusion Mediation Services mailbox at doadpmbeimmediation@wisconsin.gov for review by a mediation coordinator.

Complete Enterprise Mediation services information can be found in the Enterprise Mediation Service bulletin, located at <https://dpm.wi.gov/Bulletins/DPM-0529-EI.pdf>

Requested by	
First Name	Last Name
Position	Employing Agency/Department/Division/Unit
Preferred Phone Number	Preferred Email Address
Information for other party to mediation	
Name of other party	Work Phone of other party
Employing Agency/Department/Division/Unit	

Request Details

1. Brief Summary of the Issue (limited to 750 characters).

2. Have you initiated a complaint, grievance, or any other process regarding the issue described above?

Yes No

If yes, describe what other process(es) have been initiated. Please include case number(s) or relevant dates.

3. Are you currently under investigation for behavior as described above?

Yes No

I understand that mediation is a voluntary dispute resolution process available to encourage resolution of workplace issues whenever possible.

By completing and sending this form to the Bureau of Equity and Inclusion Mediation Services mailbox at doadpmbeimmediation@wisconsin.gov, I agree to the guidelines of the Division of Personnel Management [Enterprise Mediation Services](#).