

**REQUEST FOR CONSULTATION UNDER EDR PLAN - Form 1**

**Submitted Under the Procedures of the Employment Dispute Resolution Plan for the Southern District of Florida**

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**Prior to completing this form, please refer to the Employment Dispute Resolution Plan for the Southern District of Florida.**

**This form must be submitted within 30 days of the alleged violation or within 30 days of the time you became aware of the alleged violation. The period for counseling is 30 days or less beginning on the date this form is received by the EDR Coordinator. Please submit this form to your court's EDR Coordinator.**

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1. Date Submitted: \_\_\_\_\_
2. Full Name of Person Requesting Consultation: \_\_\_\_\_
- 3.a. Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3.b. Home Phone: \_\_\_\_\_ 3.c. Work Phone: \_\_\_\_\_
- 4.a. Are you a current court/office employee?  YES  NO
- 4.b. Are you a former court/office employee?  YES  NO
- 4.c. Are/were you an applicant for a court/office position?  YES  NO
- 5.a. If you are a court/office employee, please state the following:  
Court/office in which you are currently employed: \_\_\_\_\_  
\_\_\_\_\_  
Date of appointment to current position job title: \_\_\_\_\_  
Current Position Job Title: \_\_\_\_\_
- 5.b. If you are a former court/office employee, please state the following:  
Court/office in which you were last employed: \_\_\_\_\_  
\_\_\_\_\_  
Date of termination from court/office: \_\_\_\_\_  
Position Job Title when last employed: \_\_\_\_\_
- 5.c. If you are/were an applicant for a court/office position, please state the following:  
Court/office to which you submitted an application: \_\_\_\_\_  
\_\_\_\_\_  
Date of application for court/office position: \_\_\_\_\_  
Position Job Title for which you applied: \_\_\_\_\_

6. Date(s) of alleged incident or decision giving rise to this dispute:  
\_\_\_\_\_

7. Please summarize the actions or occurrences giving rise to this dispute and refer to the appropriate chapter(s) of this court's EDR plan.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(You may attach up to one additional page to this item, if necessary. Please reference item number.)

8. For a complaint under Chapter II. Equal Employment Opportunity and Anti-Discrimination, please check/identify the categories by which you are alleging discrimination:

- Race                       Color                       National Origin                       Age  
 Disability                       Religion                       Gender

9. What corrective action do you seek in this matter?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you have an attorney or other personal representative?       No                       Yes  
If yes, name, address, and telephone number of representative:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request for consultation is submitted by:

\_\_\_\_\_                                              \_\_\_\_\_  
Signature                                              Date

Name of EDR Coordinator to whom submitted:

\_\_\_\_\_                                              \_\_\_\_\_  
Date

EDR Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_