

# REQUEST FOR VOLUNTARY MEDIATION



# MERIT PROTECTION COMMISSION

Preserving the integrity of the Oklahoma Merit System



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**INSTRUCTIONS:** Use this form to request mediation for a dispute, which may or may not include yourself. Provide the contact information for the people involved in the dispute, and MPC will make contact with all participants and make arrangements once accepted by all participants. For more information please see Merit Rule [455:10-17-8](#). This form may be submitted by mail, fax, or as an email attachment.

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

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.

**PARTICIPANT 1**

Name:

Title:

Work Address:

Work Number:

Email:

**PARTICIPANT 2**

Name:

Title:

Work Address:

Work Number:

Email:

PARTICIPANT 3

Name:

Title:

Work Address:

Work Number:

Email:

PARTICIPANT 4

Name:

Title:

Work Address:

Work Number:

Email:

Briefly describe the issue(s) in the dispute:

Has an internal agency grievance been filed on the issue(s) in dispute?	Yes	No
If yes, has the internal agency grievance process been completed?	Yes	No
Has an appeal been filed with the Commission on the issue(s) in dispute?	Yes	No

**FOR COMMISSION USE ONLY**

I have reviewed this mediation request and I have determined this voluntary mediation is  Approved  Disapproved

Reason for Disapproval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_