



## Governor's Office of Equal Opportunity

State Capitol Executive Tower  
1700 West Washington, Suite 156  
Phoenix, AZ 85007  
Phone (602) 542-3711  
Fax (602) 542-3712  
<http://azgovernor.gov/eop/>



### Request for Mediation

Please print your answers to the following questions.

#### Employee Information

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Name: \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ Other Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex (M/F) \_\_\_\_\_

#### State Agency of Employment

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State Agency/Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Division/Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Phone #: (     ) \_\_\_\_\_

#### Reason for Mediation

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date