



UNITED STATES DEPARTMENT OF EDUCATION
WASHINGTON, D.C. 20202

INFORMAL DISPUTE RESOLUTION CENTER

Employee Section (to be filled out by employee)

_____	Tracking No.
_____	Name (first, last)
_____	Social Security No.
_____	Date of birth
_____	Sex
_____	Principal Office/Division/Branch
_____	Headquarters or Region employee?
_____	Work phone number
_____	Home phone number
_____	Home address

_____	Date of initial contact
_____	Room
_____	Building
_____	Title
_____	Series
_____	Grade

_____	Stop
_____	Counselor assigned
_____	Date counselor assigned
_____	Mediator assigned
_____	Date mediator assigned
_____	Organization/Office in which alleged discrimination occurred
_____	Employee's regular work hours and days of the week
_____	Bargaining unit or non-bargaining unit employee?
_____	Date of action giving rise to complaint
_____	Date became aware of incident/action
_____	Date contacted IDR Center
_____	Date of extension of counseling
_____	Date of agreement to mediate
_____	Date counseling/mediation concluded

Date of final
interview

Date of notification of
right to file

Date settlement
agreement executed

Date of counselor's
report

Date of withdrawal

Name of person
taking the alleged
action

Were there any
witnesses?

If so, who?

Damages or harm to employee resulting from the alleged
incident/action

Remedy or remedies
requested

Are compensatory
damages being
claimed?

Incident categories (check all that apply)

_____ assignment of duties

_____ awards

_____ conversion to full time

- denial of accommodation
- duty hours
- examination/test
- harassment (non-sexual)
- injury
- non-selection
- other
- pay (including overtime)
- performance evaluation
- promotion
- reassignment
- reinstatement
- reprimand
- resignation
- retirement
- sexual harassment
- suspension
- termination
- time and attendance
- training
- working conditions/environment

Basis (if protected class alleged as reason for incident/action)

- age
- color
- disability
- national origin
- race
- religion
- reprisal
- sex

Please describe the incident or the nature of the question or problem

_____ Does employee wish
to remain

anonymous?

Did employee elect to have a representative?

If so, list representative and address

Was case alleged as a class complaint?

Is it a mixed case?

Has case been submitted in another forum?

If so, which forum (e.g., MSPB, EEO, negotiated grievance, administrative grievance, courts, other) and when?

Signature of employee

Signature of IDR Center Staff

Supervisor Section (to be filled out by employee's supervisor)

_____ Name of supervisor

_____ Title of supervisor

_____ Employee's type of
appointment (Career,
Career Conditional,
Excepted, Other)

_____ Probationary
employee?

_____ If so, beginning date

_____ Supervisory
probationary period?

_____ If so, beginning date

_____ 1st or 2nd level
supervisor?

_____ How long have you
supervised this
employee?

This section to be filled out for injuries

_____ If injured, was this in
the performance of
the employee's
duties?

_____ Was injury caused by
a third party?

_____ If so, who?

_____ Did employee contribute to the injury in any way (willful
misconduct, intoxication, or intent to injure self or
another? If so, please explain.

Name and address of physician first providing medical care

First date medical care received

Do medical reports show employee is disabled for work?

Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? If not, please explain.

This section to be filled out for performance or conduct related problems

Is this a performance problem ("I can't") or a conduct problem ("I won't")?

For conduct problems, please list the type of conduct problem (examples include AWOL, failure to follow leave procedures, telephone use, sick leave abuse, annual leave abuse, disrespectful conduct, falsification of documents, violation of ED Standards of Conduct, outside employment, insubordination, sleeping on the job, refusal to perform work assigned)

How long has the problem existed?

Has employee had any previous counseling?

If so, was it oral or written?

Subject of counseling

Date

Have copies been obtained?

Have any past disciplinary actions been taken?

If yes, were they admonishments, reprimands, or suspensions?

If the current problem is a performance problem, does it relate to:

- _____ quality of work produced
- _____ quantity of work produced
- _____ timeliness of work
- _____ other (please explain below)

Is employee currently on a performance appraisal plan?

If yes, date of agreement

If no, why not?

Has supervisor had a progress review with employee recently? If so, please list the date

If yes, what was discussed?

If no, why not?

What was the employee's last performance rating?

Date of last equivalent increase

Has employee been counseled concerning work performance?

If yes, on what date?

Was it documented?
If yes, please attach the documentation

Suspicion of alcohol or drug abuse?

If yes, why?

Has employee been referred to Employee Assistance Program (EAP)?

If yes, how referred and when?

Do you know if employee went to EAP or kept

appointments?

Is there any other information you would like for the IDR Center to have in order to evaluate your problem prior to setting up a meeting with you?

Signature of employee _____

Signature of IDR Center Staff _____