

**REQUEST FOR COUNSELING UNDER EEO/EDR PLAN**

Submitted Under the Procedures of the District of Nebraska Equal Employment Opportunity and Employment Dispute Resolution Plan (“District of Nebraska EEO/DER Plan”)

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Prior to completing this form, please refer to the District of Nebraska EEO/EDR Plan. Please complete this form legibly.

1. Full Name of Person Requesting Counseling \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
\_\_\_\_\_

3. Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

4. If you are a court employee, state the following:  
Court Unit in which employed \_\_\_\_\_  
Job Title \_\_\_\_\_

5. Name and address of the office from which you seek resolution of your dispute.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

7. Please summarize the actions or occurrences giving rise to this dispute .  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you willing to waive confidentiality in order to permit the counselor to contact the employing office or to attempt a resolution of the disputed matter? **G** yes **G** no

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

This request for counseling is submitted by:

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

Name of Counselor to whom submitted: \_\_\_\_\_

Counselor’s Signature \_\_\_\_\_ Date of Receipt: \_\_\_\_\_