GREATER BOSTON FEDERAL EXECUTIVE BOARD SHARED NEUTRALS PROGRAM

INTAKE QUESTIONNAIRE

Case ID Number: (agency initials and date of first inquiry, for example: EEOC 07-20-10)
(TO BE COMPLETED BY SNP)

Date of initial contact to Shared Neutrals:
(TO BE COMPLETED BY SNP)

Name/Title/Agency/Phone/Email of agency POC requesting a mediator:

Names of parties, SES, GS or WG levels, and contact information for whom mediation is being requested:

Basic concerns/issues presented by the parties:

Are any of the parties exploring or pursuing other avenues of redress? If yes, who else have they contacted about these concerns?

Have all parties to the mediation been informed of the mediation? If not, agency POC will re-contact when all parties are notified.

Location for the mediation? If parties are not in Boston, can they travel there?

Will agency pay for travel?

Desired time frame for the mediation to occur?