

APPENDIX 2
REQUEST FOR ASSISTED RESOLUTION

**USE OF ASSISTED RESOLUTION EXTENDS THE 180-DAY DEADLINE
TO FILE A FORMAL COMPLAINT**

Submitted under the Procedures of the District of Columbia Courts' EDR Plan

Court: _____

Full Name:

Mailing Address:

Your mailing address:

Your email address:

Your phone number(s):

Office in which you are employed:

Name and address of court office from which you seek assistance (the court in which the applicable judge serves):

Applicants for Employment Only

The position you applied for:

Date of interview:

Dates of alleged incidents for which you seek assisted resolution:

Summary of the actions or occurrences for which you seek assisted resolution (attach additional pages as needed):

Names and contact information of any witnesses to the actions or occurrences for which you seek assisted resolution:

Describe the assistance or corrective action you seek (*attach additional pages as needed*):

Alleged Wrongful Conduct for which you seek assisted resolution (*check all that apply*):

Discrimination based on (*check all that apply*):

- Age
- Disability
- Ethnicity
- Gender
- Gender identity or expression
- Marital Status
- National Origin
- Political Affiliation
- Race
- Religion
- Sex
- Sexual orientation
- Status as a victim or family member of a victim of domestic violence, a sexual offense, or stalking
- Credit information

- Bullying
- Retaliation

Harassment based on (*check all that apply*):

- Age
- Disability
- Ethnicity
- Gender
- Gender identity or expression
- Marital Status
- National origin
- Political Affiliation
- Race
- Religion
- Sex
- Sexual orientation
- Status as a victim or family member of a victim of domestic violence, a sexual offense, or stalking
- Credit information

- Family and Medical Leave
- Other (describe)

Uniform Services Employment and Reemployment Rights

Do you have an attorney or other person who represents you?

Yes

Please provide name, mailing address, email address, and phone number(s):

No

I acknowledge that this Request will be kept confidential to the extent possible. However, information may only be shared, to the extent necessary, with those whose involvement is necessary to resolve this matter, as explained in the EDR Plan.

Your signature _____

Date Submitted _____