

**Career Service Peer Mediation Program  
City and County of Denver  
201 West Colfax Avenue, Dept. 412  
Denver CO 80202**

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**CSA EMPLOYEE  
MEDIATION REQUEST FORM**

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Mediation is a voluntary process in which a trained impartial third party assists employees in conflict to reach a mutually acceptable agreement. An employee, supervisor, manager, or appointing authority may submit a request for mediation in resolving a work-related dispute with another employee, supervisor, or manager.

CSA Rule 18-30 (B) (1) (2)

If mediation request is submitted with fifteen (15) day calendar days of an action or inaction giving rise to a grievance as defined in section 18-10C., the time to file a grievance is suspended. Should the grievant wish to continue with the grievance process, the grievance must be filed within seven (7) calendar days following the date of the termination of the mediation process.

CSA Rule 19-25 Alternate Dispute Resolution Available

A party may request mediation pursuant to Rule 18 DISPUTE RESOLUTION anytime during the appeal process. Requesting mediation shall not suspend the time limitation for filing an appeal. Scheduling the matter for mediation will not affect the appeal process or the appeal hearing date, except by agreement of the parties. If the parties mutually determine that an extension of time or a stay of the appeal is necessary to facilitate mediation, the parties shall file a motion for such relief with the Hearing Office.

**COMPLETE THE ENTIRE FORM PRINT OR TYPE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency / Division: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**OTHER PARTY(IES) IN DISPUTE**

Party (1)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency / Division: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Party (2)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency / Division: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Summary of the dispute or problem that you would like to resolve through mediation:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You may submit your request in a method listed below:

Mediation Program  
Career Service Hearing Office  
201 W. Colfax Street  
Dept. 412, 1<sup>ST</sup> Floor  
Denver, CO 80202  
Office: 720-913-5719  
Fax: 720-913-5995  
Email: [workplacemediation@denvergov.org](mailto:workplacemediation@denvergov.org)