US ARMY CORPS OF ENGINEERS

EARLY RESOLUTION PROGRAM UNRESOLVED ISSUES AFTER MEDIATION

For use of this form see ER 690-1-693; the proponent agency is CEEO.

PRIVACY ACT STATEMENT

AUTHORITY: Federal Sector Equal Employment Opportunity, 10 U. S. C. 3013(g) and 42 U. S. C. 2000e(a) and (b)

PURPOSE AND USE: The purpose of this form is to provide information concerning unresolved issues remaining after completion of the mediation process. The form will be used by the EEO Officer to analyze the types of issues, if any, that mediation has not been able to resolve and/or to assign new issues to an EEO Counselor should you decide to pursue the issues further in the administrative discrimination complaint system.

DISCLOSURE: Personal information provided on this form is given voluntarily. Failure to provide this information, however, may result in the form being completed from other available sources without your participation.

ROUTINE USES: Information may be shared with law enforcement agencies if the information in this document indicates a violation or potential violation of law; with a congressional office in response to an inquiry made at your request; with foreign law enforcement, security, investigatory, or administrative authorities in order to comply with requirements imposed by international agreements; with the Office of Personnel Management (OPM) to carry out its legally authorized personnel management functions and studies; with any component of the Department of Justice for the purpose of representing the Department of Defense, or any officer, employee or member of the Department in pending or potential litigation; with the Merit Systems Protection Board (MSPB), including the Office of the Special Counsel for the purpose of litigation, administrative proceedings and appeals.

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DESCRIBE THE ALLEGED DISCRIMINATORY ACTION(S) / ISSUE(S) NOT RESOLVED DURING MEDIATION (Reference other attached documentation)

OTHER DOCUMENTATION OR CONTINUATION SHEETS ARE ATTACHED.			
DATE (YYYYMMDD)	AGGRIEVED NAME (First MI Last)	AGGRIEVED SIGNATURE	
DATE (YYYYMMDD)	MEDIATOR NAME (First MI Last)	MEDIATOR SIGNATURE	