

# APPENDIX

## C

### ENGINEER FORMS

ER 690-1-693  
23 July 97

US ARMY CORPS OF ENGINEERS  
[ORGANIZATION]  
EEO CONCILIATION REPORT  
Submitted (Date)

Part I: BACKGROUND AGGRIEVED PERSON:

Name: SSN Number:  
Job Title/Series/Grade:  
Employment Address:  
Street: City/State:  
ZIP Code:  
Work Phone No.:  
Home address:  
Street: City/State:  
ZIP Code:  
Home Phone No.:

Part II: CHRONOLOGY OF EEO CONCILIATION:

Date of Alleged Discriminatory Event:  
45th Day After Event:  
Reason Contact was Delayed beyond 45 Days, if Applicable:  
Date of Initial contact with EEO Office:  
Date of conciliation started:  
Date Management Informed of Allegations:  
Date of Final Interview:  
Date Conciliation Report Prepared:

Part III: BASIS(ES) FOR ALLEGED DISCRIMINATION: [Use DCPDS Table 194]

- |  |  |
|--|--|
| <input type="checkbox"/> Race (Specify)            | <input type="checkbox"/> Mental Handicap (Specify)   |
| <input type="checkbox"/> Color (Specify)           | <input type="checkbox"/> Physical Handicap (Specify) |
| <input type="checkbox"/> National Origin (Specify) | <input type="checkbox"/> Religion (Specify)          |
| <input type="checkbox"/> Sex (Specify)             | <input type="checkbox"/> Sex-Based Wage Complaint    |
| <input type="checkbox"/> Age (Specify)             | <input type="checkbox"/> Reprisal (Identify) .       |

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US ARMY CORPS OF ENGINEERS  
[ORGANIZATION]  
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Part IV: ALLEGATION OF DISCRIMINATION:

- a. Specific allegation(s)
- b. Requested relief

Part V: PERSONS CONTACTED:

- a. Identified Principal Agency Witnesses: (Name/Title/Pay Plan/S eries/Grade/Telephone #/Fax #/Title VII Group Identifiers)
- b. Witnesses: (Name/Title/Pay Plan/Series/Grade/Telephone #/Fax #/Title VII Group Identifiers)
- c. Others: (HR, LC, etc.; Name/Title/Pay Plan/Series/Grade/Telephone #/Fax #/Title VII Group Identifiers)

Part VI: INQUIRY:

- a. Management's response to Allegations:
- b. Summary of Interviews/Documents:

PART VII: SUMMARY OF INFORMAL RESOLUTION ATTEMPT:

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PART VIII: SUMMARY OF INFORMATION GIVEN TO AGGRIEVED PERSON:

The allegations presented tome on (DATE) were resolved through conciliation on (DATE). A copy of the negotiated settlement agreement OR memorandum for record is attached.

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EEO Officer *Signature & Date*

ATTACHMENTS :

DA Form 5492-R  
Notice of Rights and Responsibilities  
Notice of Right to File  
HQUSACE F-Ltr 4  
NSA

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23 July 97

PRECOMPLAINT MATTERS NOT SUBJECT TO CORPS OF ENGINEERS  
EARLY RESOLUTION MEDIATION

The EEO Officer, in consultation with the CEERP ADR Team, considered offering mediation, but decided that the precomplaint matter(s) (is) (are) not subject to mediation for the reason cited below.

REASONS FOR NOT OFFERING MEDIATION

MANDATORY:

\_\_\_\_\_ The precomplaint concerns an allegation of class discrimination.

\_\_\_\_\_ The aggrieved person is a non-Corps applicant for employment with the U.S. Army Corps of Engineers.

\_\_\_\_\_ The precomplaint concerns a matter which has been decided by the Department of Army, the EEO Commission or a U.S. Court.

DISCRETIONARY:

\_\_\_\_\_ The aggrieved person is geographically removed from the organization and this imposes unusual resource constraints.

\_\_\_\_\_ Other. Record rationale on reverse side of this form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
EEO Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Aggrieved

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AGREEMENT TO EXTEND COUNSELING/CEEm MEDIATION AGREEMENT

**A. I accept mediation. (— Initial if accepted)**

By signature below, the aggrieved employee voluntarily agrees to participate in mediation and extend counseling for an additional 60 calendar days. The allegations raised in the precomplaint process will be those submitted for attempted resolution by mediation, unless specifically excluded in writing.

All parties understand that participation in mediation is voluntary for the aggrieved person and that the aggrieved person may terminate mediation at any time. In addition, it is understood that the mediator retains authority to terminate mediation at any time.

The parties further understand that the mediator has no authority to make decisions on issues raised nor act as an advocate or representative for either party. The aggrieved person may consult with a designated representative, selected by the aggrieved at no cost to the government, for the purpose of review prior to signing a settlement agreement.

Each party agrees not to subpoena or request as a witness any mediator, or request or use as evidence any materials prepared by the mediator for use during mediation with the exception of the signed settlement agreement. In no event will the mediator voluntarily serve as a witness or testify on behalf of either party in any future processing of this complaint or submit any type of report regarding the mediation other than as required by this Regulation.

If there are unresolved disputes at the close of mediation, the mediator and the aggrieved person will state these disputes on the memorandum for record during the final mediation session. The aggrieved person understands that unresolved issues may be submitted through the discrimination complaint process. If any issues remain unresolved, the aggrieved person will be issued a Notice of Right to File a Discrimination Complaint upon termination of the mediation process or on the 60th day of extended counseling, whichever comes first.

**B. I decline mediation and do not agree to extend counseling. (\_\_\_ Initial if declined)**

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\_\_\_\_\_  
Aggrieved Person *Signature & Date*

U.S. Army Corps of Engineers  
Early Resolution Program  
UNRESOLVED ISSUES AFTER MEDIATION

(Note: Before completing this form, direct the aggrieved person to read Privacy Act Statement).

NAME: \_\_\_\_\_

DCPDS CATS NO. \_\_\_\_\_

DESCRIBE THE ALLEGED DISCRIMINATORY ACTION(S)/ ISSUES(S) NOT RESOLVED DURING MEDIATION:

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**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.

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U.S. Army Corps of Engineers  
Early Resolution Program  
UNRESOLVED ISSUES AFTER MEDIATION

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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Aggrieved Person *Signature & Date*

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Mediator *Signature & Date*

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CEERP  
EEO OFFICER'S EVALUATION

ORGANIZATION \_\_\_\_\_

1. Name of Aggrieved: \_\_\_\_\_

2. DCPDS CATS No.: \_\_\_\_\_

3. Name of Mediator(s) \_\_\_\_\_

4. Date Mediation Started: \_\_\_\_\_

5. Date Mediation Completed: \_\_\_\_\_

6. Processing Costs: \_\_\_\_\_

7. Resolution Costs: (By Type) \_\_\_\_\_

8. Outcome/Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Briefly state the outcome of the mediation process to include recommendations, if any, for preventive action, lessons learned, etc.)

\_\_\_\_\_  
EEO Officer

\_\_\_\_\_  
Date

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CEERP  
PARTICIPANT'S EVALUATION

The Corps of Engineers is interested in your comments/observations about the mediation process in which you have just participated. Your completing this questionnaire will assist us greatly in evaluating how well the program works and help us identify areas where the program can be improved.

THANK YOU FOR YOUR ASSISTANCE!

1. Overall, how satisfied were you with the mediation? (mark one)

\_\_\_\_\_ Extremely Satisfied

\_\_\_\_\_ Highly Satisfied

\_\_\_\_\_ Satisfied

\_\_\_\_\_ Slightly Dissatisfied

\_\_\_\_\_ Dissatisfied

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Was the mediation process clearly explained to you?

Y e s   N o \_ (Please check one).

3. Would you use CEERP Mediation again to resolve a dispute?

Y e s   N o \_ (Please check one).

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Participant's Evaluation (continued)

4. Would you recommend CEERP mediation to others?

Yes \_\_\_ No \_\_\_ (Please check one).

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Your role in mediation was:

\_\_\_\_\_ Aggrieved Person

\_\_\_\_\_ Aggrieved Person's Representative

\_\_\_\_\_ Management Official

\_\_\_\_\_ Principal Agency Witness

\_\_\_\_\_ Resolution Official

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CEERP  
MEDIATOR'S EVALUATION

The Corps of Engineers is interested in your comments/observations about the mediation process in which you have just participated. Completion of this evaluation will assist us greatly in evaluating how well the program works and to identify areas where the program can be improved.

THANK YOU FOR YOUR ASSISTANCE!

1. Overall, how satisfied were you with the mediation? (mark one)

- Extremely Satisfied
- Highly Satisfied
- Satisfied
- Slightly Dissatisfied
- Dissatisfied (Please explain)

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2. Were you satisfied with the logistical support provided?

Yes\_\_ No \_\_ (Please explain)

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3. Were you satisfied with the administrative support provided?

Yes\_\_ No \_\_ (Please explain)

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4. Were you satisfied with management's participation in the process?

Yes\_\_ No (Please explain)

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Mediator's Evaluation (Continued)

4. What recommendations would you make to improve CEERP mediation?

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ADDITIONAL COMMENTS :

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\_\_\_\_\_  
Mediator

\_\_\_\_\_  
Date

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