

REQUEST FOR WORKPLACE MEDIATION

(THIS FORM MUST BE TYPED)

Date: _____

Please note that this form may only be used by an employee. An employer must raise a Request for Workplace Mediation through the DMCC member portal.

COMPANY DETAILS

Company Name: _____

Contact Person: _____

Job Title: _____

Email: _____ Mobile Number: _____

EMPLOYEE DETAILS ("the Complainant")

Name: _____

Employee Card Number (CEC/PIC): _____

Employee passport No: _____

Job Title: _____

Email: _____ Mobile Number: _____

COMPLAINT TYPE

Resignation

False Allegation

Denial of end of service benefits

Termination

Unpaid Salary

Breach of Contract

Withholding passport

Other (specify):

The employee should attach to this Request for Workplace Mediation the following documents:

- Employment contract;
- Copy of DMCC employment card;
- Copy of passport;
- Payment receipt of the Workplace Mediation Filing Fee; and
- Copy of visa page;
- Any other supporting documents (if applicable);
- Copy of Emirates ID;

I understand and accept that when filing a Request for Workplace Mediation a non-refundable filing fee of AED 205 excluding VAT plus Knowledge and Innovation fees are payable to DMCC.

The DMCC Disputes Centre reserves the right to reject a Request for Workplace Mediation at any time in its sole discretion, and without providing any reason to the parties.

Complainant's name: _____

Complainant's Signature: _____

Date:

DMCC PURPOSE

Date of Notification: _____

Mediation Notes: _____