



**REQUEST FOR MEDIATION  
Not Involving A Grievance**

*I am making this request for mediation services to attempt to resolve an issue or conflict. I understand that the mediators will provide a safe and respectful environment and facilitate a discussion of the issues. The mediators will not make a determination about the merits of the issues presented by any of the participants. It is the responsibility of the participants to reach an agreement which will resolve the dispute.*

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

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name and phone number of person with whom you wish to mediate:

\_\_\_\_\_

Briefly describe the nature of your dispute:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pursuant to Personnel Policy 8-115, you are entitled to be assisted by a person of your choosing who may participate during the mediation process. Do you plan to bring an assistant with you to the mediation?**

**No    Yes    - Assistant's Name & Affiliation \_\_\_\_\_  
Assistant's Phone Number & e-mail address \_\_\_\_\_**

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

***For Human Resources Use Only:***

Initial Contact/Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_ Appropriate for Mediation: Yes    No

Supervisory Referral: Yes    No    Name & Phone # of Referring Supervisor \_\_\_\_\_

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

Mediators Assigned: \_\_\_\_\_

Successful? Yes    No

Notification Letter: \_\_\_\_\_