

Mediation Request Form

Today's date: _____

Your information

Name: _____

Title: _____ Work Phone: _____

Department/Work Address: _____

E-mail: _____

Other person with whom you wish to mediate. Please fill out as much information as possible.

Name: _____

Title: _____ Work Phone: _____

Department/Work Address: _____

E-mail: _____

Working relationship to the person listed above.

- I supervise the other person directly.
- I supervise the other person indirectly.
- I am supervised by the other person directly or indirectly.
- The person is my co-worker.

Other person(s) involved.

Names and Titles: _____

Work Phone: _____ Dept.: _____

Relationship(s) to you: _____

Who referred you to mediation?

- | | |
|---|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Human Resources representative |
| <input type="checkbox"/> Supervisor/Mgr./Dir. | <input type="checkbox"/> Other - Specify: _____ |
| <input type="checkbox"/> Co-worker | Name of the person who referred you: |
| <input type="checkbox"/> Personnel Board | _____ |

Reason you are choosing mediation:

- Early intervention (There is no plan at this time to file a grievance.)
- In addition to the grievance / appeal board process
- After the conclusion of the grievance process

Return the completed form to: Human Resources, Annex 4th Floor, Clearwater, or click the red button below to email the completed form to Human Resources.

SUBMIT