APPENDIX 2: REPORT OF MEDIATION

Initiating Party:
Name_____
Address_____
Phone_____
Other Party(s) Involved:
Name_____
Address_____
Phone_____
Contacts Made (Correspondence, Letters & Telephone Conversations):
Date_____
Person Contacted_____
Summary_____
Date_____
Person Contacted_____
Summary_____
Date_____
Person Contacted_____
Summary_____

Conclusion_____
_____Refer to Committee
_____Satisfactory Conclusion Reached

_____
Signature Date