

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

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