

CONFIDENTIAL
REQUEST TO MEDIATE / REFERRAL FORM

Details of Referrer :

Name:

Tel:

Fax:

Email:

School / Department:

Representative:

Details of Party A :

Name:

Tel:

Fax:

Email:

School / Department:

Representative:

Details of Party B :

Name:

Tel:

Fax:

Email:

School / Department:

Representative

How long has dispute existed?		
Mediation synopsis: Please provide a brief outline of dispute.		
Dispute trigger:		
Are others affected by the dispute? If so who?		
Dispute status:	Pre formal procedural action	
	Post formal procedural action	
	Other (specify)	
What has your role been in the dispute?		

SIGNED BY REFERRER _____ DATE: _____