MEDIATOR DISPOSITION FORM

Case Number _________________ Agency ________________________________

Date of Mediation _________________

Case Name ________________________________

Form of Mediation: Face to Face __ Telephonic __ Other __________

Location: Agency __ Other ________________________________

Mediator(s) _________________________ ________________________________

Pre-mediation Preparation Time _________________

Time Spent Educating Parties about the Process _________________

Actual Mediation Time _________________

TOTAL HOURS EXPENDED _________________

Issue(s) _____________________________________________________________

Disposition

Agency Declined ____ Complainant Declined ____

Agency Withdrew ____ Complainant Withdrew ____

Full Settlement ____ Impasse ____

Partial Settlement ____

Agreement Signed by Parties (Y/N) ____

Agreement Pending Review (Y/N) ____

Follow-up Meeting Scheduled Date _________________ Time _______

Mediator Comments ________________________________________________

_______________________________________________________________________________

Mediator Signature _________________________ Date _________________________

(Rev: 08/07/2007)