

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