

GENERAL WORKPLACE MEDIATION REQUEST FORM

→ Return completed to Reception@CenterForResolution.org & CDR will contact you within 3 business days.

Do any Protection or Restraining Orders exist between the parties?

- No Yes (If yes, a copy of current orders are required with this form.)

Name each mediation participant*

Name: _____
Title: _____ Pronouns: _____
Dept: _____
Work Address: _____
Work Phone: _____ Ext. _____
Email: _____

Name: _____
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Dept: _____
Work Address: _____
Work Phone: _____ Ext. _____
Email: _____

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Dept: _____
Work Address: _____
Work Phone: _____ Ext. _____
Email: _____

*If additional parties will participate in mediation, then please fill out and attach an additional form.

List specific issue to mediate:



Supervisor or Party requesting mediation:

Name: _____ Pronouns: _____

Title: _____

Department: _____

Work Address: _____

Work Phone: _____ Ext. _____ Direct: _____

Cell Phone: _____ Additional Contact: _____

Email: _____

FEES

- ✓ **Screening Call required: \$100 unless no additional services occur**, determines if the case can be mediated. If agree to pursue mediation, screening call plus a 30 minute follow up conflict coaching call. If no mediation, then no charge.
- ✓ **Pre-Mediation interview: \$100 per person** telephone interview up to one hour
- ✓ **Mediation fee per session: \$200 per person** 2 to 4-hours per session

Supervisor or party requesting mediation, provide 3 dates with time to schedule the Screening call.

DATE #1 _____ time: _____; DATE #2 _____ time: _____; DATE #3 _____ time: _____

Organizational Representative's Understanding and Fee Agreement:

You are responsible for your employees’ session fees, reschedule fees, applicable charges, and NSF check charges. Please complete the following information, including signature, and return with the Request Form applicable to your case. We will use this information to invoice you.

Cancellation Policy: Cancellations require a 10-day notice to avoid additional fees. When any scheduled mediation is canceled within 10 business days, CDR invoices for all work performed plus an additional \$200 administrative fee.

Reschedule Policy: All rescheduling of delivery dates within 10 business days of scheduled mediation are subject to a \$100 reschedule fee. Within 2 business days, they are subject to a \$200 reschedule fee.

I understand and accept the fee responsibility associated with the services offered by CDR.

Organizational Representative Name: _____

Signature**: _____ Date: _____

Phone #: _____ Ext: _____

Department Code for Billing: _____

** By typing your name, you are providing a digital signature for the stated terms.

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