

REQUEST FOR MEDIATION FORM
(All contents will remain confidential)

Name _____ **College/Department** _____

e-mail _____ **Phone** _____

Respondent/Administrator _____

Respondent/Administrator contact information _____

1. Please briefly state the issue you want mediated in one single spaced page or less and attach to this form.
2. In the space below or on an attachment, briefly list all prior attempts you made to try to resolve this matter, e.g. meeting with the administrator, phone conversations, e-mail communications, and the like.

Procedure

1. Your request will be reviewed by the Ombuds and Faculty Mediators Committee, and if found to be in compliance, you will be assigned a primary and a secondary mediator.
2. The primary mediator will contact both parties to do the following.
 - a. Determine if both parties are willing to participate in mediation.
 - b. Provide the respondent with an opportunity to respond to the allegation(s) in writing with a copy provided to the complainant.
 - c. Make arrangements for a mediation session.
3. Neither mediator will be from your college.
4. E-mail or mail the form and documents to Dr. Nina W. Brown nbrown@odu.edu.