REQUEST FOR MEDIATION FORM

If you are interested in having your dispute mediated through the UMGC Mediation Program, please complete this form and return it to the Office of Diversity and Equity. You may submit a Request for Mediation at any time during a dispute, however all involved parties will need to agree to mediation before mediation can occur.

Once your request is received a representative from Mediation Services will contact the other party or parties involved in the dispute to explain the mediation process, and seek their agreement to mediate. Note: Mediation is a voluntary process and no party is required to participate.

Name ________________________________ Date ________________
Title ________________________________ UMGC Affiliation (Staff/Faculty/Student)
Phone ______________________________ Email __________________ UMGC Location __________________

In the space below, please provide a description of the issues you would like to address in mediation. Include a detailed summary of what has occurred, the name(s), the relevant date(s), and the name(s) and title(s) of all individuals involved. Also, describe steps you’ve already taken to resolve these issues.

__________________________________________________________________________________________
__________________________________________________________________________________________

What relief or outcome are you seeking through mediation?

__________________________________________________________________________________________
__________________________________________________________________________________________

Please provide the following information for all parties to the dispute.

Name of Party ________________________________ Names of Additional Parties ________________________________
Title ________________________________ UMGC Affiliation ________________________________
Phone ______________________________ Email ______________________________