**Referral for**

**Workplace Mediation**

**1. Your details -** *Referrer*

|  |  |
| --- | --- |
| Department |  |
| Full address including postcode |  |
| Your name |  |
| Position (job role) |  |
| Your contact number |  |
| Email address |  |

|  |  |
| --- | --- |
| Date for mediation (if known) |  |
| Venue for mediation (if known) |  |
| Have the parties agreed to mediation? |  |

**2. Details of participants.** *Please note that we contact all parties by phone in advance of mediation.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Party 1 | Party 2 | Party 3 |
| Department/Faculty/Service |  |  |  |
| Name |  |  |  |
| Position (job role) |  |  |  |
| Work phone number - (including extensions)[ ]  Preferred contact number |  |  |  |
| Mobile phone number [ ]  Preferred contact number |  |  |  |
| Email address - work [ ]  Preferred email contact |  |  |  |
| Email address – personal (if available)[ ]  Preferred email contact |  |  |  |
| Typical availability |  |  |  |

**3. Please provide a brief summary of the situation.** *Please advise us if the issues are part of a formal grievance or of any allegations that could include statutory discrimination.*

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| Please provide summary here:      |

**4. Please provide details of any action taken to date to resolve, investigate or otherwise manage the situation including outcomes.**

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| Please provide details here:      |

**5. Is there anything else happening in the organisation that may be contributing to the conflict? I.e. Recent structural changes.**

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| Please provide details here: |

**6. Please outline your expected outcomes of mediation.** *These will form our terms of reference.*

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| Please provide outline here:      |

**7. Please use this space to provide any further information that you feel is relevant to this case. I.e. past or current formal grievances, investigations (provide documents) or any health and safety considerations (sickness, mental health, disability).**

**We will aim to provide a process which is open to all and will make any reasonable adjustments required.**

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| Please provide any additional information here: |