Referral for Workplace mediation

1. Your details --- Referrer

in the state of th		
Organisation		
Full address <u>including postcode</u>		
Your name		
Position		
Your contact number		
Email address		
Typical availability		

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

Department/section/directorate		
Name		
Position		
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		
Nature of party's workin	g relationship	

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.
	 Please provide details of any action taken to date to resolve, investigate of otherwise manage the situation including outcomes.
5.	Is there anything else happening in the organisation that may be contributing to the conflict? Ie. Recent structural changes.

	Please use this space to provide any further information that you feel is relevant to this case. If the case involves any allegations that are part of a formal grievance or discrimination please provide us with copies of any relevant reports, policies or Standard Operating Procedures.
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be a <u>neutral</u> and <u>private</u> space for the parties to feel comfortable.