**Mediation Request Form**

**1. HR Adviser/Business Manager:**

**2. Department:**

**3. Individuals taking part in mediation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Agreement to take part confirmed** | **Job title** | **Contact telephone number** | **Email address** |
|  |  |  |  |  |
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**4. Line manager/Contact in the Department (if appropriate)**

Name:

Contact number:

Contact email: