Mediation Services Form
University Ombudsperson Committee

Part 1 - Request for Services
Status:  □ Academic Professional  
         □ Faculty Member  
         □ Staff Member (Classified, Administrative, or Service Professional)  
         □ Student

1. Individual filing complaint ___________________________________________  
   Name (title if university employee)
   Address or department _____________________________________________
   ___________________________________________  Phone _______________________

2. Date dispute arose ______________________

3. Department, college, or unit involved ________________________________

4. Individual identified by complainant as suggested respondent  *
   ___________________________________________
   Name

5. Brief statement setting forth the specific issues in dispute: ________________

   SAMPLE

6. Specific remedy desired: _____________________________________________

   ___________________________________________

   Signature  ___________________  Date  ___________________

   Ombudsperson Signature  ___________________  Date Received  ___________________

   Date Forwarded  ___________________

Comments: _______________________________________________________

* In some cases the suggested respondent may not be in a position to participate in resolution, resulting in receiving department, college, or unit identifying another respondent appropriate to the solution.