



CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ TELEPHONE #: _____

ARE YOU REPRESENTED BY A LABOR UNION: YES___ NO___

Request for Mediation - Intake Form

1. ___I request that my dispute be mediated by Cardozo School of Law –Mediation Clinic. I authorize the Mediation Clinic to contact the other party/parties and seek their agreement to mediate.

2. Check one:

___This dispute involves a pending grievance/arbitration hearing.

___This dispute involves an internal EEO complaint/investigation.

___This dispute does NOT involve a pending EEO complaint, Grievance or Arbitration.

3. Please provide a brief description of the dispute. Include a summary of what occurred, the names of all persons involved, relevant dates, locations and other details. Also include the type of resolution that you are seeking. Please use additional sheets of paper, if necessary.

