



Augusta State University Request for Mediation

Date _____

1. Person requesting mediation _____

Phone # _____ Email address _____

2. Name of other potential party for mediation _____

Phone # _____ Email address _____

What is the nature of the conflict?

Is the person with whom you have the conflict willing to participate in mediation?

Yes _____ No _____ I don't know _____

If you know the party is unwilling to participate, why not?

Please complete this form and send to the Chair of the Alternative Dispute Resolution Committee.

(Current chair listed at: <http://www.aug.edu/vpaa/committeelist.html#37>)