



## Workplace Mediation Intake Form

*This form is private and confidential. It is provided as part of a confidential (closed) mediation process. The only exception will be if the safety of a child is at risk or if there are threats of imminent harm to yourself or another person. Otherwise we will not share any of this information without your consent.*

Date \_\_\_\_\_

Referred By \_\_\_\_\_

### **PERSONAL INFORMATION**

First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Workplace Position/Nature of Job \_\_\_\_\_

Contact Information \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

### **BACKGROUND INFORMATION**

Briefly describe the problem, as you understand it. (Just a short, quick summary for future discussion)

What are the issues you wish to discuss in mediation, and why are they important to you? (These issues will be discussed and expanded in more detail later – Use other side if necessary)

What are you hoping to achieve through mediation?

What do you believe is the greatest obstacle to resolving the problem?

Has there been any previous attempt to resolve the problem in the past? If so, explain.

Has there been any formal (i.e. complaints, reports, investigations) or legal action taken around this problem?

Do you have any concerns about being in the same room with the other party(s) with the mediator present? If so, explain.

Do you have any disabilities you would like us to know about that could affect your participation in mediation?

Is there anything else you would like us to know?



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**ALTERNATIVE DISPUTE RESOLUTION**