



Workplace Intervention Referral

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

PARTIES (Regarding a specific dispute or problem)

List names of the parties involved and the nature of their positions in the workplace.

Are parties agreeable to participating in a resolution process? Yes – No – Unknown

INTERVENTION REQUEST

Workplace Assessment

One-on-one coaching

Mediation

Facilitated Discussion

Training

BACKGROUND INFORMATION

Briefly describe the nature of the problem.

What are you hoping to achieve through third-party intervention?



250-505-6342

rob@supportworksfacilitation.ca

ALTERNATIVE DISPUTE RESOLUTION

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?

Are there any concerns around parties participating safely and freely in the process? Yes – No – If so, explain.

Are there any disabilities you would like us to know about that could affect any party's full participation?

Is there anything else you would like us to know?



250-505-6342
rob@supportworksfacilitation.ca
ALTERNATIVE DISPUTE RESOLUTION