

Workplace Staff Mediation Referral Form

Private & Confidential

Section 1: The Referrer

Name:	
Position:	
Team:	
Work Address:	
Telephone:	
Email:	

Your relationship to the parties

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SAMPLE ONLY - DO NOT USE

Section 2: The Disputants

Party 1	
Name:	
Position:	
Email:	
Relationship to other party/parties:	

Party 2	
Name:	
Position:	
Email:	
Relationship to other party/parties:	

SAMPLE ONLY - DO NOT USE

Section 3: The Dispute

The information provided below will be treated confidentially:-

Provide a brief description of the dispute between the parties above, as you understand it.

[Empty text box for dispute description]

Briefly describe any formal procedures that have so far been invoked, or any other attempts that have so far been made to resolve the dispute.

[Empty text box for formal procedures]

SAMPLE ONLY - DO NOT USE

Send to: HR Business Partner at: [Redacted]