

WEA Fourth Corner Mediation/Facilitation Program

Mediation/Facilitation Request Form

School District: _____

Name:
Party #1: _____

Name:
Party #2: _____

School/worksite:
Party #1: _____

School/worksite:
Party #2: _____

(W)Phone:
Party #1: _____

(W)Phone:
Party #2: _____

(H)Phone:
Party #1: _____

(H)Phone:
Party #2: _____

Job title:
Party #1: _____

Job title:
Party #2: _____

"**MEDIATION**" is a process in which a neutral person creates a safe environment for persons to meet to discuss their concerns and consider options for resolving their conflict. The process is voluntary. No one can force you to mediate. The process is confidential. What is said during the mediation stays with the people involved, unless the parties decide together to do otherwise. The mediator will not take sides, will not judge anyone, will not make decisions, will not impose solutions, nor report the contents of the meeting to anyone. You will have 1-2 mediators assigned from another school district for impartiality. The mediation is *your* opportunity to develop livable solutions for both persons involved. Your responsibility is to come to the mediation and be prepared to negotiate in good faith.

Signature - Party #1: _____ Date: _____
Your signature indicates you are accepting mediation services.

Signature - Party #2: _____ Date: _____
Your signature indicates you are accepting mediation services.

Return completed form to the WEA Fourth Corner Office or your local president.

WEA Fourth Corner, Attn: Phil Becker, 1800 James St., Bellingham, WA 98225
Phone: 800-300-0796 or 360-733-3344 Fax: 360-733-3952

For office use only

Rec'd at
WEA Fourth Corner by: _____ Date: _____