

**MEDIATION SERVICE OPTION REFERRAL FORM**  
**Dayton Mediation Center 333-2345 / 333-2366 (Fax)**

Date referred: \_\_\_\_\_ Referral Organization: \_\_\_\_\_

Referral Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Gender: F M Minority: Yes No

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Gender: F M Minority: Yes No

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Gender: F M Minority: Yes No

Referred by: Union \_\_\_\_\_ County \_\_\_\_\_ Self \_\_\_\_\_

Number of employees referred: \_\_\_\_\_ Sessions are: \_\_\_\_\_ Voluntary \_\_\_\_\_ Mandatory

**Background Information:**


**To Be Completed By Mediator/Mediation Staff:**

Date Received: \_\_\_\_\_ Case Number: \_\_\_\_\_ Intake Person: \_\_\_\_\_

Number of sessions scheduled: \_\_\_\_\_ Date(s): \_\_\_\_\_

Date Closed: \_\_\_\_\_ Session Number: \_\_\_\_\_

Session duration: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Additional sessions scheduled? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates: \_\_\_\_\_

Outcome: Accomplishments? Yes \_\_\_\_\_ No \_\_\_\_\_