

**Mediation INTAKE**

Date \_\_\_\_\_

**Mediation Application Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to the opposing party \_\_\_\_\_

What is your preferred language? \_\_\_\_\_

Do you need an interpreter? Yes/No

**Please describe the reason(s) you are requesting mediation. Please be as specific as possible. If needed, please attach any documentation you may have. This information will not be shared with the opposing party unless the mediation applicant has given verbal or written consent.**

**Opposing Party Contact Information:**

Please provide contact information for the person(s) with whom you have a concern with. Some contact information for the opposing party must be available to proceed with the mediation process.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to the mediation applicant \_\_\_\_\_

What is your preferred language? \_\_\_\_\_

Do you need an interpreter? Yes/No

**Submit the completed intake form to [HRCmediation@toledo.oh.gov](mailto:HRCmediation@toledo.oh.gov).**

You will be contacted by an HRC staff member to follow-up with any questions or to schedule a mediation. If you do not hear back from an HRC staff member within two weeks after you have submitted your application, please call our office at (419) 245-1518.

Thank you for using the City of Toledo's Mediation services presented by the Human Relations Commission. We look forward to assisting you and others find acceptable resolution.