

Mediation Intake Form

HUMAN

RELATIONS

COMMISSION

Date _____

Party One Contact Information:

Name _____

Address _____

Telephone number _____

Email address _____

Relationship to Party Two _____

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.

Party Two Contact Information:

Please provide contact information for party two. Some contact information for party two must be available to proceed with the mediation process.

Name _____

Address _____

Telephone number _____

Email address _____

Relationship to Party One _____

Submit the completed intake form to HRCmediation@toledo.oh.gov.

You will be contacted by an HRC staff member to follow-up with any questions or to schedule 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 in finding an acceptable resolution.