

Date _____ Intake Person _____

Requesting Party

Name _____ Title _____

Phone Number _____ E-mail _____ Campus Box _____

NCSU Status

EPA Faculty Professional Staff Administrator

SPA Staff Supervisor

Other Party

Name _____ Title _____

Phone Number _____ E-mail _____ Campus Box _____

NCSU Status

EPA Faculty Professional Staff Administrator

SPA Staff Supervisor

What would you like to discuss?

Referred by (if applicable) _____ Relation to Parties _____

Results (for departmental use only)

Mediator(s) Name(s) _____

Meeting #1 Date _____ Location _____

Outcome Settled
 Impasse

Date _____