

***Dr. René Gutiérrez
Superintendent of Schools***

**REQUEST FOR MEDIATION FORM**

Please complete this form and email it to z@bisd.us if you are interested in having a dispute mediated with an external mediator.

**Date:**

**Name of the Requesting Party**

Full Name:       Position:
Email:       Phone:

Campus/Department:       ID:

Supervisor:

**Issue(s) for Resolution**

**Participant Information**

In the space below, please provide a description of the issue(s) you would like to address in mediation. Include a detailed summary of what has occurred, the relevant date(s), and the name(s) and title(s) of all individuals involved. Also, describe steps already taken to resolve these issues.

Resolution Requested:

Signature of Requesting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**For Human Resources Use Only**

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ombudsperson:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_