

GEORGIA DEPARTMENT OF HUMAN SERVICES Human Resources Policy #1505 A1

MEDIATION REQUEST FORM

Person Requesting Mediation Information				
Name:		Job Title:		
Division/Office:		Office Phone:		
Office Email:		Personal Phone:		
Signature:		Date:		
List Individuals Involved in the Dispute				
		b Title Phone Number		
				_
Describe the issue(s) to be mediated.				
Describe the resolution you seek from mediation.				
Is this issue being reviewed If yes, please attach an expl		☐ Yes	☐ No	
Please Submit This Form To OHR – Compliance Management at 2 Peachtree Street, NW, 28 th Floor Atlanta, Georgia 30303				

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