

Appalachian State University
Office of Equity, Diversity and Compliance
FACULTY AND EPA MEDIATION FORM

PART I: BACKGROUND INFORMATION

DATE: _____ **DEPARTMENT:** _____

NAME: _____
Party Requesting Mediation Phone
NAME(S): _____
Other Parties Phone

NATURE OF DISPUTE: (use additional sheets if necessary)
 Performance Conduct Other: _____

MEDIATOR PREFERENCE (check all that apply):
 on-campus mediator mediator from another NC state agency
 mediator from another UNC campus outside mediator from the community
 Specific name _____
 No preference

PART II: RESULTS For EDC Office Purposes Only:

MEDIATOR(S) Name: _____
MEDIATION DEADLINE: _____
OUTCOME: Settled (Attach agreement to this form)
 Extension requested for _____ calendar days
 Impasse Date: _____

PART III: FOLLOW-UP NOTIFICATION

Eligible to file grievance
 Notice sent to employee DATE SENT _____

LAST DAY FOR FILING _____