

**STATE OF MARYLAND SHARED NEUTRALS MEDIATION PROGRAM
MEDIATION REFERRAL/REQUEST FORM**

Date of request _____

Name of requesting party _____

Position and agency of requesting party _____

Supervisor name and contact info _____

Referral source (ie. Agency HR dept., supervisor, union representative, etc.)

Names/positions and contact info of parties in conflict:

Name	Position	Relationship	Day-time phone	Email
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Brief Description of the Conflict:

Has a grievance been filed? ___ yes ___ no If yes, date of filing _____

What was being grieved? _____

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Has a discrimination complaint been filed? ___ yes ___ no If yes, date of filing _____
If yes, with ___ EEOC or ___ MCCR?

What has been done thus far to attempt to resolve the issues or the conflict?

Best time to reach the other party (ies) if known? _____

FOR PROSPECTIVE PARTICIPANTS

In order to participate in the Shared Neutrals Mediation Program, I hereby agree to the following:

1. Unless otherwise excluded by law or this agreement, all communications with the Shared Neutrals Mediation Program Coordinator will remain confidential in accordance with the Maryland Mediation Confidentiality Act. The parties agree that confidentiality does not extend to: threats of physical harm or to the safety of the workplace; illegal or criminal activity; or, violations of the Maryland Public Ethics Law. Confidentiality also does not extend to any written agreement to the extent that it must be disclosed under the Maryland Public Information Act.
2. I agree to not subpoena the Shared Neutrals Mediation Program Coordinator or otherwise compel him or her to give testimony in any legal proceeding, including but not limited to those in court, in an administrative proceeding, or at deposition regarding the matters discussed during the mediation session(s).
3. The Coordinator has read and, consistent with State law, will abide by the Maryland Standards of Conduct for Mediators during the mediation.

Prospective Participant Signature

SNMP Coordinator Signature

Print Prospective Participant Name

SNMP Coordinator Name

Date

Date

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