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[www.talkingresolutions.co.uk](http://www.talkingresolutions.co.uk)

**Workplace Mediation Referral Form**

Please complete **all** fields and email to [**referrals@talkingresolutions.co.uk**](mailto:referrals@talkingresolutions.co.uk)

If you have any questions, please contact us to discuss.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Your (referrer)  details: | | Name: | | | |  | |
| Role: | | | |  | |
| Organisation: | | | |  | |
| Work location: | | | |  | |
| Contact numbers: | | | |  | |
| Email address: | | | |  | |
| Manager responsible for parties:  **(if different to referrer)** | | Name: | | | |  | |
| Role: | | | |  | |
| Contact numbers: | | | |  | |
| Email address: | | | |  | |
| Purchase order number: | | | |  | | | |
| Party 1 | Name: | |  | | | | |
| Role: | |  | | | | |
| Work location: | |  | | | | |
| Email: | |  | | | | |
| Contact numbers: | |  | | | | |
| Has this person agreed to take part in mediation? (Y/N) | | | | | |  |
| Party 2 | Name: | |  | | | | |
| Role: | |  | | | | |
| Work location: | |  | | | | |
| Email: | |  | | | | |
| Contact numbers: | |  | | | | |
| Has this person agreed to take part in mediation? (Y/N) | | | | | |  |
| Working relationship between the parties: | | | | |  | | |
| Nature of conflict: | | | | |  | | |
| Has there been any formal investigation? If so, what were the outcomes? | | | | |  | | |
| What are the anticipated outcomes from mediation? | | | | |  | | |
| Please provide any other information that may be helpful to the mediators. | | | | |  | | |