

PRIMARY MEDIATOR CHECKLIST

Case Number _____

Primary Mediator _____ Co-mediator _____

Mediation Date(s) _____

Date received case assignment _____

Date received case/client contact information _____

Date of first contact with: Party 1 _____

Party 2 _____

Party 3 _____

Please return the following completed forms to: Attn: Kyle Huddleston
Shared Neutrals Program Coordinator
3106 Pierce Parkway, Suite D
Springfield, OR 97477

- Primary Mediator Checklist
- Consent to Mediate Form
- Debriefing Critique Form
- Client Evaluation forms (if mediators collect them)

Please answer the following questions:

Type of Case/Conflict: (Please check all that apply)

- Employee/Employee Employee/Supervisor Interpersonal Crosscultural
- Unlawful Harassment Union Grievance EEO Other _____

Outcome: Successful Mixed Unsuccessful

(Please briefly describe mediation outcome, such as the degree of resolution reached)

Total Mediation Hours: _____ Primary _____ Co-mediator _____

(Please include case development, scheduling, mediation, debriefing AND co-mediator hours in total mediation hours)

Travel Time _____ Travel Expenses _____

(Please include travel time and expenses of co-mediator)

Mediator Checklist

Page 2

General Procedures:

- Contact all involved parties within 48 hours of receiving case assignment**
 - Schedule date of mediation (preferably within 2 weeks of case assignment)
 - Review mediation process
 - Complete case development

- Enlist the assistance of a co-mediator**
 - Devise strategy for co-mediating case

- Inform Program Coordinator of co-mediator selected and date of mediation**
 - Inform Program Coordinator of any changes

At the mediation session:

- Write case number on all forms before distributing or completing**

- Everyone present signs Consent to Mediate form before mediating**

- Each participant receives copy of Mediated Agreement form (if completed)**
 - Mediators do NOT retain a copy of the agreement

- Distribute evaluation form and envelope to each participant**
 - Collect completed forms OR encourage participants to mail back

- Debrief with your co-mediator, (using the Mediator Critique form)**

- Complete and return debriefing critique form**
 - Obtain stamped, pre-addressed envelopes from the Program Coordinator

- Return all forms to:**
 - Attn: Kyle Huddleston,
 - Shared Neutrals Program Coordinator
 - 3106 Pierce Parkway, Suite D
 - Springfield, OR 97477

- Send travel documentation to Agency Liaison or designated official for agency**