



The University of Toledo
 Campus Mediation Services, MS 507
 Toledo, Ohio 43606-3390
 Phone: 419.530.4236
 Facsimile: 419.530.2605

CAMPUS MEDIATION SERVICES INTAKE FORM

INTAKE INFORMATION			
Date of Referral Processed:		Campus Address:	
Name/Title:			
Phone/Extension:		E-Mail Address	
PARTIES			
Please provide the names and contact information for all parties involved in this dispute:			
Name(s) of Parties:	Campus/Local Address:	Phone/Extension:	E-mail:
INCIDENT BACKGROUND			
Please provide a brief outline of the facts:			
Please summarize what attempts have been made to resolve this dispute prior to the matter being referred to CMS:			
Any immediate concerns, such as past physical abuse or threats of physical harm? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i> If no, are there any issues or concerns that cannot wait until the actual mediation meeting?			
FOR OFFICE USE ONLY			
Date Reviewed:	Reviewed by:	Notes:	
Referred by: <input type="checkbox"/> Student Legal Services <input type="checkbox"/> Office of Judicial Affairs <input type="checkbox"/> Residence Life <input type="checkbox"/> Other: _____		Mediation Not Appropriate: <input type="checkbox"/> Alleged Abuse <input type="checkbox"/> Conflict of Interest <input type="checkbox"/> Other _____	
Mediation Scheduled for: ____/____/____ Time ____AM/ PM Location: _____ Mediator(s) Assigned: _____ <input type="checkbox"/> No Show			
Mediation Rescheduled for: ____/____/____ Time ____AM/ PM Location: _____ Mediator(s) Assigned: _____ <input type="checkbox"/> No Show			