ACD 509-01C

Mediation Services Form
University Ombudsperson Committee

Part 2 - Response to Complaint

To: _____
Respondent Address/Department

Date: _____

_____ is requesting be mediated by a university ombudsperson.

Please briefly state below your position in reaction to the complaint. If you are not familiar with the mediation process and want more information about the process before responding, please telephone me at _____. Please return this form to me in the attached *Confidential envelope within 15 days of receipt.*

_____
Ombudsperson signature

Response:

_____

_____

_____

_____

SAMPLE

I am willing ☐ / unwilling ☐ to participate voluntarily in a mediation process to attempt to resolve this matter.

_____ _____
Respondent's signature Date

To be completed by ombudsperson:

Date Returned: _____

Action Taken: _____

_____