



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Mediation Request/Referral Form

Referring Organization _____

Thank you for considering mediation to address your concerns. Mediation is a voluntary process that brings people together to resolve their disagreements. A mediator helps participants communicate with each other, so that everyone has an opportunity to express concerns and offer solutions. This form will help you request mediation services from the OSSE Office of Dispute Resolution (ODR).

You may also request mediation and/or an interpreter by calling the Office of Dispute Resolution at (202) 698-3819 or emailing ODR.Intake@dc.gov. Please ask for the Intake Coordinator.

Who is requesting Mediation? (Please check one)

Parent/Guardian School District or Charter School Other _____

Student Information

Student Name: _____ Date of Birth: _____

Attending School: _____

Parent/Guardian Name: _____

Student Address: _____

Telephone: _____ Email: _____

School Information

School/Organization Name: _____ School Contact: _____

School Address: _____

Telephone: _____ Email: _____

Brief Reason for Mediation:

What outcome are you seeking?

Will you need anything extra to help you participate in the mediation such as an interpreter, wheelchair accessibility, etc.? Accommodations: No Yes

If yes, please list the accommodations you will need to participate:

Do you have an attorney or advocate (not required for mediation)? No Yes

If yes, please include their contact information below.

Name: _____ Telephone: _____ Email: _____

Signature

Date

The Office of Dispute Resolution will contact you within 1-2 business days of submitting this form to gather additional information and schedule a time and location for the mediation.

This form may be submitted in-person, by mail, fax, or, e-mail.

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