

# ALTERNATIVE DISPUTE RESOLUTION PROGRAM



## MEDIATION REPORT

\_\_\_\_\_  
SFEB CASE NUMBER

*To be completed by all Mediators at end of any mediation conference.*

\_\_\_\_\_  
MEDIATOR #1 NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
MEDIATOR #2 NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
LENGTH OF MEDIATION (DAYS/HOURS)

\_\_\_\_\_  
LENGTH OF TIME YOU SPENT ON THIS MEDIATION (time away from your job)

\_\_\_\_\_  
NAME OF FEDERAL AGENCY INVOLVED

\_\_\_\_\_  
BASIS/ISSUE

\_\_\_\_\_  
DATE OF MEDIATION

This case was \_\_\_ SETTLED \_\_\_ NOT SETTLED

Please explain why the case settled or did not settle from your view as a Mediator.

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In your opinion, were the relationships restored between the parties?     Yes     No

Was the mediation appropriate for this particular matter?     Yes     No

Agreement signed by all parties to the mediation and authorizing official(s)?     Yes     No

If not, why?

Was the fact that you came from a different organization to facilitate     Helpful     Detrimental  
this process helpful or detrimental to the situation?

Please Explain:

Positive or negative comments about the process and anything unusual about this matter that the Seattle ADR  
Program Manager should be aware of:

\_\_\_\_\_  
MEDIATOR SIGNATURE (Digital Signature Requested)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-MEDIATOR SIGNATURE (Digital Signature Requested)

\_\_\_\_\_  
DATE

## INSTRUCTIONS

- 1) Complete and digitally sign this fillable .pdf form on your computer
- 2) Save as MEDIATION REPORT – YOUR NAME
- 3) Email to David Bayliff | david.m.bayliff@faa.gov