

ALTERNATIVE DISPUTE RESOLUTION PROGRAM



Colorado Federal Executive Board
PO Box 25567
Denver CO 80225
303 202 4588

MEDIATION REPORT

CFEB 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 relationships restored between the parties? Yes No

Was 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 Federal Agency to facilitate this process helpful or detrimental to the situation? HELPFUL DETRIMENTAL
PLEASE EXPLAIN:

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

MEDIATOR SIGNATURE (Digital signature required)

DATE

CO-MEDIATOR SIGNATURE (Digital signature required)

DATE

INSTRUCTIONS

1. Complete and digitally sign this fillable .pdf form on your computer
2. Save as MEDIATION REPORT – YOUR NAME
3. Email to Gay Page | gpage@colorado.feb.gov