

Mediation Referral / Registration Form

(To be completed by police service, police commission or the Public Complaint Director and sent to the APCMR Mediator)

Referral Source

Reference Number: _____

Police Organization: _____

Organizational Contact Name: _____ Phone: _____

Assigned to Mediator: _____ Phone: _____

First Party

Name: _____

E-mail: _____

Home Phone: _____

Business Phone (optional): _____

Second Party

Name: _____

E-mail: _____

Home Phone: _____

Business Phone (optional): _____

Description of Complaint Particulars / Relevant Notes for Mediator
