

MEDIATION OUTCOME / FOLLOW UP REPORT 1

PLEASE RETURN TO (Police Service / Police Commission Contact):

Reference Number: _____

Name of parties: (1): _____ and (2): _____

Date Mediation Completed: _____

Mediation Outcome

Please select **ONLY ONE** of the following:

- Additional Mediation Session(s) Required _____
- Mediation was Successful (Resolution) _____
- Partial Success (Partial Resolution) _____
- No Resolution / Agreement _____
- Non Attendance _____
- Pre-Mediation / Orientation Only _____
- Other _____

Mediator Comments:

Mediator: _____

Signature of Mediator: _____ Date: _____