

CBH MEDIATION REQUEST FORM

Person Requesting Mediation _____ Job Title _____

Telephone # _____ Fax # _____

Work Location _____ Mailing Address _____
Street Name or P.O. Box

_____ City State Zip [include all nine (9) digits]

Signature _____ Date _____

List individuals involved in the dispute:

Name	Job Title	Telephone #

Issue(s) to be mediated: _____

Goal of mediation: _____

Is this issue(s) being reviewed outside of CBH? ____ Yes ____ No (If yes, please attach explanation)

Please submit this form to: **District Personnel Office
North Georgia Health District
100 W. Walnut Ave; Suite 92
Dalton, GA 30720
Fax: 706/272-2704**