



DEPARTMENT OF PUBLIC SAFETY



AGREEMENT TO MEDIATE

**CASE
NUMBER:**

DATE:

The parties signing this document agree to the following:

Maintain respectful behavior and use appropriate language. Either party may not, at Anytime, make an Attempt to threaten or harm the other during this session. To do so Immediately ends the session. The parties participating in the session may bring any material relevant to the mediation. By signing this agreement the parties acknowledge having received, read and understood the Confidentiality Agreement Statement.

The Mediator's Role: The parties agree to submit their case for non-binding mediation with the Department of Public Safety's ADR Program. The process is non-binding unless the affected parties sign a written agreement that bounds them to the agreement. The parties understand that the mediators are neutral third parties.

Participants and Procedures: No admission of guilt or wrong doing by either party is implied by participating in this process. The mediator may have joint or separate confidential meetings with the parties during the session. If either the mediator or the parties felt that a resolution cannot be reached, or that further mediation will not be beneficial, a decision to discontinue or terminate, the session will be discussed in the presence of the parties.

Legal Rights/Duties: If mediation resolution proves unsuccessful in an Equal Employment Opportunity grievance either party maintains the right to file a formal complaint.

Written Agreement: If the parties come to an agreement the mediator will provide a copy of the agreement in writing to both parties. Each party will have the opportunity to review the draft and request changes until all parties are satisfied that it represents the terms which they agreed upon. The written agreement is binding upon all parties after it has been signed. If the parties fail to reach an agreement regarding the issues, or if the mediation has been terminated, the parties will sign a statement of Non-Agreement.

Representatives: All representatives must provide a statement from the agency or entity they represent indicating their signature in this agreement will bind that agency or entity.

Mediator(s): _____ and _____ are the mediators

appointed by this agency to provide mediation services to these parties. All known conflicts of interests have been disclosed. The parties agree upon the appointment of the named mediator(s).

By signing this agreement acknowledges that you have read and understand it and agree upon your own free will to be bound by and to bind to its terms.

Individual Parties:

Print: _____	Sign: _____	Date: _____
Print: _____	Sign: _____	Date: _____

Representative Party:

For: _____
Print: _____ Sign: _____ Date: _____

Representative Party:

For: _____
Print: _____ Sign: _____ Date: _____