



Consent to Fail Mediation Form

Dispute Resolution Services, Mediation Unit
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Mediation File Number

File Information

Last Name	First name	Date of Loss
Policy Number	Claim Number	
Claimant's Representative		
Claimant's Representative File Number		

Consent

We confirm that we have made best efforts to resolve the dispute without any success and feel that there is no reasonable prospect of resolution.

We are jointly requesting FSCO to fail the mediation by completing this "Consent to Fail Mediation" form.

Please explain efforts to resolve the dispute and attach any supporting documents.

Example: records of telephone calls, letters, e-mails etc.

List of all issues remaining in dispute and explain the details of the dispute:

Example:

Income replacement: \$XXX per week, from XXX to XXX

Medical benefits: \$XXX for XXX, provided by XXX facility, from XXX to XXX

Interest: overdue payments

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Signatures

Claimant's Name	Signature	Date (yyyy/mm/dd)
Witness's Name	Signature	Date (yyyy/mm/dd)
Claimant's Representative's Name and Title (if applicable)	Signature	Date (yyyy/mm/dd)
Witness's Name	Signature	Date (yyyy/mm/dd)
Insurance Company		
Insurer Representative's Name and Title (if applicable)	Signature	Date (yyyy/mm/dd)
Witness's Name	Signature	Date (yyyy/mm/dd)