Print Form

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* * *	RI Governor's Commission on Disabilities				
		RI GCD Form D 6. Mediation Status Report			
Case Number				Date	
Complainant				Filed on	
Respondent Agency					
Dates of meetings with respondent List parties who participated in those meetings					
1					
2					
3					
4					
5					
Status of Meeting at the end of this session $\mathbf{\nabla}$ check one					
Mediation continues, next session will be on:					
Written settlement on all issues Written settlement on some issues					
Parties agreed to continue Image: Continue for the parties agreed to disagree on outstanding issues Mediation ended Issue not able to be					
discussions without mediators 🗳 without settle			L media	ated, dismis	
Complainant chose not to mediate Respondent chose not to mediate					
Other (describe)					
1 st Mediator's Signatu					
2 nd Mediator's Signatu					
Complainant's or Complainant's representative's signature					
Authorized agent's signature on behalf of the Respondent					
<i>Mail or deliver to the:</i> RI Governor's Commission on Disabilities					
John O. Pastore Center, 41 Cherry Dale Court					
Cranston, RI 02920-3049 and both parties retain a copy of the completed form for their records					
To be completed by the Governor's Commission on Disabilities					
Case also on file with					
The enforcement agency listed above was been notified. A copy of the settlement was sent on					
Not settled, no information regarding the discussions was disclosed, notified on					