



**Internal Use Only**

Appeal Received		
Responsible Director -	Signature: _____	Date Received: ____/____/200____
Responsible Parties		
Director -	_____	
Director -	_____	
Panel Members -	_____	
Mediation Details		
Date Held: ____/____/200____	Time: _____	Venue: _____
Parties Attending Meeting:	_____	
Appeal Details:	_____	
Recommendation(s)		
_____		
Outcome (including rationale) forwarded to appellant? <input type="checkbox"/> YES      Date Sent: ____/____/200____		

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200\_\_\_\_

Resolution Achieved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If NO, please give external arbitration date: ____/____/200____
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